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An issue that has spurred many a debate is that of access to care for the dual eligible Medicare/DoD population. Currently, there is no mechanism for this beneficiary population to enroll in TRICARE. It is estimated that as space available care decreases in the Military Treatment Facilities, they will have to seek care on their own in the civilian sector.

A goal of DoD is to be authorized nationwide as a Medicare reimbursable provider, a policy known as Medicare Subvention. Under Medicare Subvention, DoD will be given funding to provide care to Medicare eligible beneficiaries who want to continue to receive care under the Military Health Services System. This policy is currently under review in Congress.

The purpose of this project was to present a utilization and demographic analysis of the Medicare/DoD eligible population for Tripler Army Medical Center. In addition, two reimbursement methodologies, a prospective payment and capitation system, were applied to review the revenue that could have been generated for FY 1994 and 1995 if Medicare Subvention were passed. This project will serve as a baseline for further analysis if and when Medicare Subvention becomes a reality.

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Graduate Program in Health Care Administration

The Dual Eligible Beneficiary Population: An Analysis of The Treatment of Medicare/DoD Eligible Patients at Tripler Army Medical Center

A Graduate Management Project

Submitted to

The Faculty of Baylor University

in Partial Fulfillment of the Degree of

Master of Health Care Administration

By

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13 May 1996

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Abstract

The Department of Defense(DoD) has developed a comprehensive managed care program known as TRICARE. The goals of this program are to increase efficiency and cost-effectiveness of CHAMPUS and direct care services through established networks of high-quality civilian providers and hospitals, and improving beneficiary services by providing enhanced access to care.

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CHAPTER 1

Introduction

Most people refer to centralized or at least structured health plans when they use the expression managed care. In fact, the term has become a catch-all phrase that describes any number of measures designed to control costs and/or quality, whether those measures are implemented by Health Maintenance Organizations (HMO's) or by private insurers. Regardless of what they are called, managed care plans are demonstrating not only their ability to coordinate care better than traditional fee-for-service medicine, but to control costs as well (Burns 1993, 29).

Health care providers and beneficiaries, as well as governmental agencies that fund care, all have an abiding interest in developing cost-effective delivery systems including the Department of Defense (Segal 1990, 623). The primary challenge among military healthcare executives is the change from an internal, uniformed services focus, to one that extends beyond our military health facilities to the civilian sector (Wachel 1994, 10).

In the 1960s and 1970s, the military healthcare system was primarily a closed system for active duty members. If

care could not be provided at a small military treatment facility (MTF), the patient would then be referred to a military regional hospital that was staffed and equipped to handle broader specialty care. If the regional hospital could not provide the level of care required, the patient would instead be referred to a military medical center that offered tertiary care. Families of active duty and retired military families obtained health services from military facilities on a "space available" basis. If the specialty required was not available, they too could be referred to a regional hospital or medical center or they could choose to use their Civilian Health and Medical Program of the Uniformed Services(CHAMPUS) insurance program (Medicare for those over 65 years old) and seek care in the civilian sector (Wachel 1994, 10).

Today, the Department of Defense(DoD) has moved to develop a comprehensive managed care program that extends beyond the traditional walls of the military treatment facility. While the military facility will remain the foundation of the system, a regional civilian contractor will assist the military facility in developing a formal network of providers in the community (Wachel 1994, 10).

This DoD-managed care program is known as TRICARE. Health care delivery under TRICARE will fall under three

options: TRICARE Prime, the Military Health Services System (MHSS) HMO; TRICARE Extra, a civilian Preferred Provider Organization (PPO); and TRICARE Standard, the standard CHAMPUS plan.

The goals of TRICARE are to increase efficiency and cost-effectiveness of CHAMPUS and direct care services through established networks of high-quality civilian providers and hospitals, coordination between the MTF's and these networks, and improving beneficiary services by providing enhanced access to care (TRICARE 1994, 1).

To coordinate this effort, DoD has divided the United States into twelve regions. Each region will have a primary managed care support contractor who will work in partnership with the local MTF's to provide comprehensive care for all eligible beneficiaries. Tripler Army Medical Center (TAMC), Honolulu, HI has been designated as the Lead Agent for Region 12 and is responsible for coordinating the managed care support contract for that area.

Conditions Which Prompted The Study

In July 1994, the Military Health Services System (MHSS) was given a mandate by the Assistant Secretary of Defense for Health Affairs to enroll all active duty service members into the HMO option of the TRICARE Program known as

TRICARE Prime. This was in addition to any CHAMPUS-eligible beneficiary who chose to enroll in TRICARE Prime and utilize a Primary Care Manager (PCM) located within the MTF or the established network. Beneficiaries not enrolled and who do not have a PCM continue to receive care at the MTF on a space-available basis.

While TRICARE has obvious merits, it also poses a significant problem for a large number of retirees. TRICARE bars all Medicare eligible retirees and family members over 65 from enrolling in TRICARE Prime. In fact, all career military members and their families will be affected by this "lockout," because even those who enroll now will be disenrolled from TRICARE when they become Medicare eligible (ROA 1995, 2).

The roots of the problem go back to how the government programs resources for health care. DoD gets no money for treating Medicare-eligibles. DoD receives appropriated funds to care for only active duty military members plus those retirees and dependents eligible for CHAMPUS (ROA 1995, 3).

CHAMPUS eligibility ends when Medicare eligibility begins at age 65, and current law prohibits Medicare reimbursement to DoD for care in MTF's through a process called subvention. Although DoD facilities can treat

Medicare-eligibles on a space available basis, DoD must absorb the cost, resulting in less money to care for active duty troops and CHAMPUS-eligibles. As budgets get tighter, DoD has an increasing financial incentive to turn Medicare-eligibles away from the military system, despite the past promises not to do so(ROA 1995, 3).

Barring alternative delivery options, space available care will decrease as enrollments in TRICARE Prime grow and the program expands nationally.

TAMC is also faced with this problem. Currently, Medicare eligible beneficiaries can be seen on a space-available basis. The only benefit they receive from the TRICARE Program is access to the Health Care Finder for treatment in the civilian sector.

The number of Medicare eligible beneficiaries at TAMC is approximately 5.6% of the total beneficiary population. This represents a significant number of Medicare eligible beneficiaries who currently use TAMC as their source for health care and who will be forced into the private sector. This will increase overall Medicare expenditures and out-of-pocket expenditures for the patient (RCMAS 1996).

STATEMENT OF MANAGEMENT ISSUE

The key issue that TAMC faces is how should they address the needs of this portion of the beneficiary population. Should TAMC develop a mechanism to ensure that these individuals are treated within the MHSS? Or is it time to face the fact that individuals over the age of 65, regardless of whether or not they are eligible for care at an MTF, to rely on Medicare or other supplemental insurance programs for their health care needs.

The question to ask then is how do you honor the previous commitments made to beneficiaries and address the military community's health care needs for the 21st century (Arcari 1995, 17)? Today's retirees were promised a defined, comprehensive package of benefits at low cost in turn for a career in the US Armed Forces. Those individuals who lose access face the insecurity of having to find their own providers and must pay higher out-of-pocket costs under Medicare (Koenig 1994, 5).

LITERATURE REVIEW

TRICARE

In 1994, DoD operated over 140 hospitals and over 500 clinics worldwide. In the past, commanders had been responsible only for health care provided in their facility.

There was no direct interface between the direct care system and civilian providers. To begin the process of reform, DoD set up 12 regions in CONUS, each headed by a Lead Agent facility. Lead Agents were responsible for developing tri-service, regional health plans, centered around military hospitals and clinics, supplemented by networks of civilian providers. The name of this managed care initiative was TRICARE. In addition, Lead Agents were to work with civilian contractors to assure that the size and configuration of the network met the health needs of the beneficiaries of the region (Koenig 1994, 5-6).

TRICARE is currently operational in California, Hawaii and Texas. It is also operational in the Washington and Oregon region and is being phased in for the Tidewater area of Virginia. By the end of 1997, Tricare should be fully operational throughout the country (Arcari et al 1995, 11).

The goal of TRICARE is increased efficiency and cost-effectiveness of CHAMPUS health care and direct care services by delivering these services through established networks of high quality civilian providers and hospitals, coordination between the MTF's and these networks, and improving beneficiary services by providing more accessible care (TRICARE 1994, 1). In essence, keep patients healthy while keeping costs down.

An essential component of the TRICARE program is the regional at-risk TRICARE Support (TCS) Contract, which is designated to augment regional direct care capabilities with non-direct care resources. The degree to which non-direct care resources are required and the coordination of patient referrals between regional direct and non-direct care providers hinge upon a clear understanding of the region's specific requirements. The TCS contractor is expected to set up healthcare networks such as Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO) and other arrangements to provide care to the eligible beneficiaries in the region (TRICARE 1994, 1-2).

Under the TRICARE program, there is a uniformed health benefit structure nationwide that offers beneficiaries a choice of three health care plans, with one of those three plans modeled on a civilian HMO's (CBO 1995, 21).

TRICARE Prime is an HMO-type plan and is the only option that requires an annual enrollment fee. The Prime option also calls for copayments. Enrollees receive care through MTF's or a supporting network of civilian providers who supply services at negotiated, discounted rates. DoD views TRICARE Prime as the most efficient way to deliver health care services. From the beneficiaries perspective,

it is the least costly option for those who need frequent care (ROA 1995, 2).

TRICARE Standard is identical to standard CHAMPUS. Although TRICARE Standard beneficiaries will have a wide choice of providers, they will pay higher costs than Prime. This fee-for-service program requires annual deductible and copayments (25 percent for retirees). TRICARE Standard has no enrollment fee, but it is the most costly option in terms of out of pocket expenses for beneficiaries who require regular care (ROA 1995, 2).

TRICARE Extra, the last option, is a lower-cost version of TRICARE Standard. TRICARE Extra applies only when beneficiaries use civilian providers who are part of DoD's preferred provider pool. No enrollment fee is required. Deductibles are the same as TRICARE Standard, but copayments are 5 percent lower. TRICARE Standard users also benefit from the lower TRICARE Extra copayment whenever they use preferred providers (ROA 1995, 2).

DoD has made great strides toward delivering high quality, cost-efficient health care to it's beneficiaries, despite the continuing downsizing and budget reductions it faces. TRICARE is a step in the right direction, yet the issue of what to do with the over 65 population remains: Medicare eligible retirees are not allowed to enroll in

TRICARE Prime because Congress views those in this category as a population already having a federal health care benefit - Medicare.

MEDICARE

On July 30, 1965, President Lyndon Johnson signed Public Law 89-97, which enacted Medicare and Medicaid (Friedman 1990, 38). Under Title XVIII of the Social Security Act (as amended by the Social Security Amendments of 1965) Medicare was established as a national health care entitlement for most persons over the age of 65 (Williams and Torrens 1993, 409; Petrie 1992, 1). The Health Care Financing Administration (HCFA) has the primary responsibility for administering the Medicare program (HCFA 1994, 1).

Medicare has two parts--Hospital Insurance (Part A) and Medical Insurance (Part B). Part A is financed through part of the Social Security (FICA) tax paid by workers and their employees. There is no premium for Medicare Part A if the member or their spouse is entitled to benefits under either the Social Security or Railroad Retirement Systems or worked a sufficient period of time in federal, state, or local government employment to be insured (HCFA 1994, 2).

Medicare Part A helps pay for medically necessary inpatient care in a hospital, skilled nursing facility or psychiatric hospital, and for hospice care. In addition, Part A pays the full cost of medically necessary home health care and 80 percent of the approved cost for wheelchairs, hospital beds, and other durable medical equipment supplied under the home health care benefit (HCFA 1994, 2).

Medicare Part B is optional and is offered to all beneficiaries when they become entitled to Part A. Part B helps pay for medically necessary physician services no matter where an individual receives them--at home, in the doctor's office, in a clinic, in a nursing home, or in a hospital. It also covers related medical services and supplies, medically necessary outpatient hospital services, X-rays and laboratory tests. Additionally, Medicare Part B covers medically necessary physical therapy, occupational therapy, and speech language pathology services. Mental health services are covered as are mammograms and Pap smears (HCFA 1994, 5).

The Medicare Part B premium, which can be deducted from the monthly social security check was $41.10 per month in 1994. It also includes an annual deductible of $100 and a 20 percent coinsurance for physician and physician services (HCFA 1994, 5). Additionally, beneficiaries are responsible

to pay balanced billing on unassigned claims from physicians who do not agree to accept Medicare-allowed charges as full payment (Petrie 1992, 2).

Approximately 98 percent of those over 65 are enrolled in Part A and 97 percent of the Medicare eligible are voluntarily enrolled in Part B (Petrie 1992, 1-2).

The government has not been immune to the rapid escalation of health care costs that has been taking place over the last two decades. The Congressional Budget Office projects that under current law, spending for Medicare Benefits will total $178 billion in 1995 and grow to $345 billion in the year 2002, an average annual increase of 10% (AHA 1995).

According to Price Waterhouse, the growing number of people joining the Medicare rolls, the intensity of their illness, and general inflation account for 89 percent of growth in Medicare spending since 1980. Medicare enrollment grew 28 percent, compared with 13 percent growth overall in the United States population (AHA 1995).

Under the budget resolution's mandated $270 billion in Medicare savings, spending would grow at an average annual increase of 6.4 percent, from $178 billion in 1995 to $274 billion in 2002. On a per-capital basis, spending would grow roughly from $4,800 in 1995 to $6,700 in 2002, or an

average annual rate of 4.8 percent. During this period, program enrollment is expected to grow 1.4 percent a year, general inflation at 3.4 percent and medical care inflation at 5.4 percent a year (AHA 1994).

While the overall growth in Medicare spending is currently projected to increase at 10 percent a year, growth in spending on hospital services is projected to grow at only 6.9 percent a year during the 1996-2002 period. Reducing overall Medicare spending from 10 percent to 6.4 percent could reduce growth in hospital spending below amounts needed to cover growth in enrollment and general inflation. While spending for hospital services is growing relatively slowly, it represents about half of all Medicare outlays. As a result, significant reductions in hospital spending could be a key part of a $270 billion Medicare reduction package (AHA 1994).

MEDICARE HMO's

Several initiatives have been instigated by HCFA to deal with the ever increasing fiscal burden Medicare is placing on the federal budget. One of these initiatives is the Medicare HMO.

In the 1980's, HCFA sponsored several Medicare Competition Demonstration Projects (MCCDP's). HCFA

contracted on a prospective capitation payment basis with HMO's providing health care services to Medicare beneficiaries (Petrie 1992, 7).

The number of Medicare HMO risk contracts has been rather erratic in the past, but now seems to have stabilized and is showing a progressively upward trend (95 in 1990 to 154 in 1995)(Zarabazo 1995).

Since the inception of Medicare HMOs researchers have conducted countless studies to determine quality of care. One such study in 1989 looked at patient satisfaction with Medicare HMOs. The study revealed that there were no significant differences in overall satisfaction as found between HMO enrollees and those patients being seen in a fee for service setting (Rossiter et al 1989, 60).

Medicare Subvention

The goal of DoD and its dual-eligible DoD/Medicare beneficiaries is to be authorized nationwide as a Medicare reimbursable provider, a policy often referred to as Medicare Subvention. This is an issue which has been under discussion between DoD and the Department of Health and Human Services for several years (DoD 1995, 1).

It is estimated that the MHSS provides 20 to 25 percent of the services to 1.1 million Medicare eligible military

retirees receive (Koenig 1995, 30). Military medicine receives no reimbursement from Medicare for care provided to the Medicare-eligible group, even though all military personnel contribute to the Medicare fund throughout their service careers. It is estimated that these services cost DoD more that $1.2 billion each year (Koenig, 1995, 30). DoD is already shifting the cost back to Medicare as military bases and MTFs are closed or downsized and thousands more Medicare eligibles are turned away from military health care each year (ROA 1995, 3).

Medicare subvention will provide the MHSS with funding to provide care to Medicare-eligible military retirees who want to continue to receive care from the MHSS. In addition, Medicare subvention will enable the retiree to enroll in the TRICARE program in a manner consistent with the DoD capitation strategy (Koenig 1995, 30).

The current law inadvertently encourages DoD and Medicare to work against each other rather than cooperate for the good of the country. As the Defense budget tightens, DoD has a strong incentive to push older retirees and families out of the MHSS and back into Medicare, although Medicare costs both the government and retirees more money than care in the military system. Theoretically, Medicare eligibles can still use MTFs on a space available

basis. In truth, however, space available care is rapidly becoming nonexistent as military facilities downsize and TRICARE expands across the country (ROA 1995, 2).

It would cost Medicare less to pay DoD for health care than it would to buy the same care in the private sector. A 1988-90 Medicare/MTF pilot project involving 75 coronary artery bypass grafts at Navy Medical Center San Diego showed that Medicare could save $17,000 per procedure by paying military facilities to perform the grafts rather than civilian hospitals (ROA 1995, 3).

A 1990 Government Accounting Office (GAO) study (GAO/HRD 90-131), directed by the House Armed Services Committee, also indicated that military care is less costly for the government than civilian care. After comparing six military hospitals with their civilian counterparts, GAO estimated savings of $18-21 million in CHAMPUS funds. Savings would have been even greater if Medicare eligible beneficiaries treated in MTFs had been included in this comparison (ROA 1995, 3).

Finally, DOD's "Section 733 Study of the Military Medical Care System," released in May 1994, found that military care is actually up to 24 percent less expensive than civilian care (ROA 1995, 3).

Enacting Medicare subvention will provide the incentive for cooperation between DoD and Medicare. Enacting this will help reduce costs for Medicare, retirees and taxpayers. If necessary, savings for Medicare can be guaranteed. The law can specify that reimbursements to DoD be capped at 95 percent of the rates Medicare pays to civilian HMOs (ROA 1995, 4).

Since Rep. Joel Hefley (R-Colo.) introduced his Medicare subvention legislation (H.R. 580) early this year, he has attracted 94 cosponsors and he continues to gain support. However, the bill has still failed to be introduced in the Senate or have any House committee endorse it (Arcari et al 1995, 10).

Undoubtedly, Medicare trust fund expenditures will rise as DoD denies more retirees access to military health care. However, subvention will have nothing to do with that. In fact, Medicare Subvention can only reduce the speed of that growth in cost because Medicare would pay DoD less than it will otherwise pay private sector providers. For every day Congress fails to act on Medicare Subvention, Medicare will be paying more than it has to (Arcari et al 1995, 14).

Readiness

Medicare subvention and the continued treatment of our Medicare eligible population will help enhance military readiness, the heart of the mission of MTFs. The military medical system must attract, train and retain physicians and other health professionals to meet any potential defense medical contingency. Specialties like family practice have certification standards requiring treatment of the full patient spectrum, including the elderly (ROA 1995, 4).

Many professionals worry that TRICARE's exclusion of older retirees will force them to leave the military for private practice to maintain certification. By ensuring a broader patient base, Medicare subvention will eliminate the risk and reinforce medical readiness training to meet any contingency (ROA 1995, 4).

Medicare Demonstration Project

DoD has proposed to the Health Care Financing Administration, Department of Health and Human Services, a demonstration where the Medicare program would treat the DoD and its MHSS as a risk type HMO for dual-eligible Medicare/DoD beneficiaries. This demonstration is intended to respond to Medicare/DoD dual-eligible beneficiaries who

have asked that they be more able to use the MHSS as their Medicare provider (DoD 1995, 3).

To address a concern over budget rules, the demonstration is considering expending DoD's dollars for dual-eligible beneficiaries' first and then turning to HCFA to cover additional DoD/Medicare beneficiaries wanting to enroll in DoD's TRICARE Prime. The goal of this effort is to improve access to needed health services for the dual-eligible population while assuring that the demonstration does not increase the total federal cost of both programs (DoD 1995, 3).

Under this initiative, DoD would be permitted to enter into an agreement with a civilian HMO that is able to receive Medicare reimbursement from HCFA. DoD Medicare eligible beneficiaries would enroll in the civilian HMO and the HMO would contract for services from DoD MTFs. DoD would then be reimbursed from the HMO for services provided to enrolled retirees within the MTF. Medicare Part B is a requirement for enrollment into a Medicare HMO (Hastings 1995, 2).

In an 11 May 1995 Memorandum to the Surgeons General of the Army, Navy and Air Force, Dr. Stephen Joseph, Assistant Secretary of Defense for Health Affairs, expressed his eagerness to begin such an endeavor. He stated:

> "The Department remains anxious to implement a joint demonstration project and it is our position that joint DoD/HCFA Medicare HMO Demonstration Projects are not only beneficial to the dual-eligible beneficiaries, but that both DoD and HCFA would find the projects mutually advantageous."

PURPOSE STATEMENT

The issue of what will happen with the Medicare/DoD eligible population effects all regions within the MHSS. The purpose of this paper is twofold. First, it will provide an analysis of the dual eligible beneficiary population for Tripler Army Medical Center. Second, a reimbursement methodology will be presented and discussed under the assumption that Medicare subvention becomes a reality and Tripler Army Medical Center can receive payments for care rendered to this part of their beneficiary population.

Objectives

The overall objective of this project is to provide information based on scientific research that will aide Tripler Army Medical Center and Region 12 in making informed decisions on how to best handle their Medicare/DoD eligible population.

Specific objectives that this project will focus on are:

(1) An in depth analysis of the dual eligible population as to utilization and demographics.

(2) An analysis of the effect of Medicare subvention legislation on this population and the development of a reimbursement methodology when providing this care.

CHAPTER 2

Methods and Procedures

The primary method in data collection and analysis was a retrospective study of Medicare/DoD eligible utilization patterns at TAMC in FY94 and FY95.

The Defense Medical Information System (DMIS) provided the key databases for the analysis of the beneficiary population residing within the TAMC catchment area.

Specifically, The Resource Analysis and Planning System (RAPS) which provides projected population, workload and resources information was used to examine any shifts in the over 65 population that qualify as Medicare/DoD beneficiaries. In addition, RAPS was used to project any changes in the 45-64 year old population over the next 6 years. As the Baby Boomer generation continues to get older, significant increases in the over 65 population should be expected. Projections were made to FY 03.

The Retrospective Case-Mix Analysis System (RCMAS) provided information pertaining to hospital productivity, CHAMPUS costs and focused reviews. Specifically, it was used to examine the local population served in FY 94 and FY 95.

For the inpatient analysis, The Standard Inpatient Data Record (SIDR) was used to review TAMC inpatient dispositions by diagnostic related group (DRG) for patients age 65 and over in FY 94 and FY 95. The top 50 DRG's for each year respectively were then used in the reimbursement methodologies.

The Composite Health Care System (CHCS) was used to examine outpatient visits for the over 65 population in FY 94 and FY 95. In CHCS, visits are classified as count or non-count. A count visit is recorded when actual contact is made with a physician. Non-count visits are recorded when a patient is seen by other care providers. A follow up with a Nurse Practitioner or blood pressure taken by a hospital corpsman is a non-count visit. For purposes of this study, only count visits were used to determine outpatient workload.

In addition to inpatient and outpatient workload, an analysis of the three support areas was also conducted. Radiology, Pathology and Pharmacy workload was provided by

CHCS. Radiology and Pathology location was used to break down the workload for the over 65 population. Pharmacy workload was broken out by inpatient categories and total outpatient prescriptions.

Two Medicare reimbursement methodologies were used to calculate potential revenue collected in FY 94 and FY 95. The Hawaiian Medical Service Association (HMSA) is the state Medicare Fiscal Intermediary and provided the information needed. Calculation of the federal reimbursement rate was computed using the following formula:

[(National adjusted operating standardized amount, other areas, labor related) x (Wage index, Honolulu)] + [National adjusted operating standardized amount, other areas, non-labor related) x (Cost of living adjustment factor, County of Honolulu)]. The federal reimbursement rate for FY 94 was $4,423.72 and $4,177.79 for FY 95.

After this rate was determined, the following formula was used to determine reimbursement for the top 50 TAMC DRG's for FY 94 and FY 95:

(DRG relative weight) x (federal reimbursement rate) x (number of patients per DRG). In addition, a 15% discount was assumed.

Information for these formulas was found in the Federal Register Rules and Regulations.

The second methodology was determining capitation payments under a Medicare Risk Contract. Once again, information was obtained from HMSA. Population for the over 65 population was determined using RAPS data (FY 93 baseline) for FY 94 and FY 95. The adjusted average per capita cost was figured as follows:

[(Standard Capita Rates - Part A) x (Demographic Cost Factor - Male)] + [(Standard Capita Rates - Part B) x (Demographic Cost Factor - Male)]. The same formula is used for Females. The above rates are then multiplied by .95 in order to get the final rates since the Medicare program will reimburse 95% of the AAPCC. An assumption of 70% of the over 65 population being enrolled was factored into the equation. In addition, an average demographic cost factor was used since there was no data on specific age ranges over 65 years old.

Ethical Considerations

To ensure patient confidentiality, no names, social security numbers, or any identifying information was used in the project.

CHAPTER 3 - RESULTS

Population

According to the RCMAS data displayed in Table 1, the over 65 population comprised 6% of TAMC's workload in FY 1994 and 5% in FY 1995. The remaining portions of the population were categorized as active duty, dependents of active duty, and retirees less than 64 years old and their dependents. The other category included reservists and National Guard beneficiaries. As evident in Figures 1 and 2, each portion of the local population served remained relatively stable for FY 94 and FY 95.

There will be an expected increase of approximately 2000 people in the over 65 population over the next six years. The number of beneficiaries in this category was 8514 in FY 95 and will increase to 10652 by FY 03 (Table 2). The beneficiary population ages 45 - 64 will decrease by approximately 1200 between FY 95 and FY 03. The fluctuation in population for FY 95 through FY 03 is displayed in Figure 3 and Figure 4.

Inpatient Workload

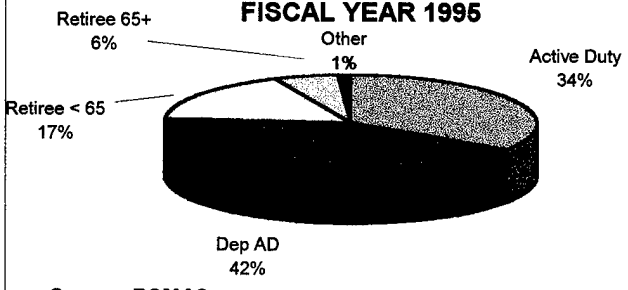
Focusing on the incidence of illness with this population was done through review of the most frequent DRG's. First, Table 3 shows the inpatient dispositions for FY 94 and FY 95

TABLE 1
TRIPLER ARMY MEDICAL CENTER
LOCAL POPULATION SERVED

Beneficiary Category	FY 95	FY 94
Active Duty	50615	49440
Dep AD	62458	63096
Guard/Reserve	610	707
Dep Guard/Res	1169	1232
Retiree <65	8183	8326
Dep Retiree <65	15316	15410
Survivor <65	1243	1302
Retiree 65+	4261	4082
Dep Retiree 65+	2674	2539
Survivor 65+	1295	1252
TOTAL	**147824**	**147386**

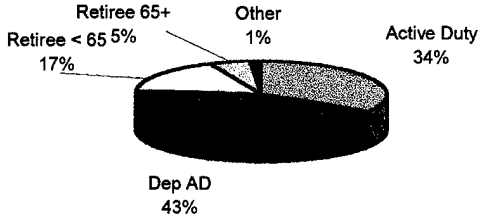
Source: RCMAS

FIGURE 1
TRIPLER ARMY MEDICAL CENTER
LOCAL POPULATION SERVED
FISCAL YEAR 1995



Source: RCMAS

FIGURE 2
TRIPLER ARMY MEDICAL CENTER
LOCAL POPULATION SERVED
FISCAL YEAR 1994



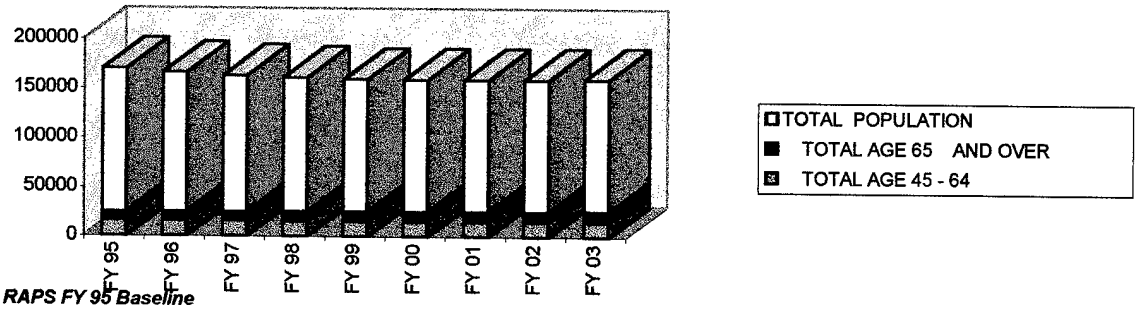
Source: RCMAS

TABLE 2
TRIPLER ARMY MEDICAL CENTER
PROJECTED CATCHMENT AREA POPULATION

CATEGORY	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
45 - 64 MALE	7981	7756	7458	7300	7138	7219	7231	7241	7259
45 - 64 FEMALE	8332	8206	8061	7940	7896	7890	7904	7916	7939
TOTAL AGE 45 - 64	16313	15962	15519	15240	15034	15109	15135	15157	15198
OVER 65 MALE	4354	4643	4852	5012	5115	5180	5201	5223	5251
OVER 65 FEMALE	4160	4435	4657	4843	4994	5123	5229	5313	5401
TOTAL AGE 65 AND OVER	**8514**	**9078**	**9509**	**9855**	**10109**	**10303**	**10430**	**10536**	**10652**
TOTAL POPULATION	144816	140773	138002	135794	134358	133510	133418	133616	133902

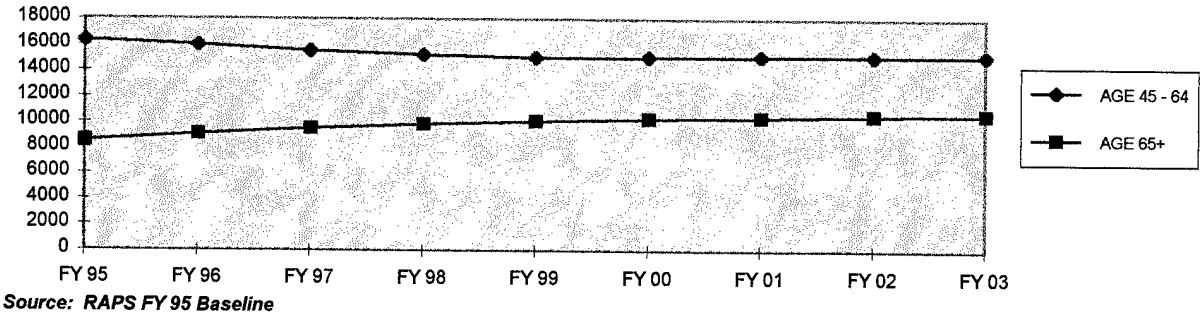
SOURCE: RAPS FY 95 BASELINE

FIGURE 3
TRIPLER ARMY MEDICAL CENTER
POPULATION PROJECTIONS



Source: RAPS FY 95 Baseline

FIGURE 4
TRIPLER ARMY MEDICAL CENTER
POPULATION PROJECTIONS



Source: RAPS FY 95 Baseline

and Figures 5 and 6 are the corresponding pie charts. As illustrated, inpatient workload for this beneficiary population was a stable 8% of the total dispositions for both fiscal years.

Table 4 and Table 5 break down the top 50 DRG's for both FY 94 and FY 95. During both years, these 50 DRG's made up 45% of the total inpatient dispositions for this age group. The total number of dispositions by DRG for each fiscal year is included in Appendices 1 and 2.

Figures 7 and 8 provide a pareto analysis of the top 40 DRG's for each fiscal year respectively. This gives TAMC a picture of the more high volume areas utilized by this beneficiary population.

Outpatient Visits

In FY 94, there were 78,642 visits by people over the age of 65 who received outpatient care at TAMC. This represents 13% of the 619,569 visits to TAMC that year (Table 6/Figure 9). A similar situation occurred in FY 95 in which 70765 out of 523649 visits, or 14%, were from the over 65 population (Table 7/Figure 10). In both years Internal Medicine and Cardiology Clinics attributed a great deal of their workload to this population.

TABLE 3
TRIPLER ARMY MEDICAL CENTER
INPATIENT WORKLOAD

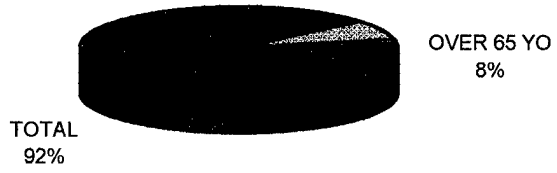
	LESS THAN 64 YO	OVER 65 YO	TOTAL DISPOSITIONS
FY 94 DISPOSITIONS	19966	1770	21736
FY 95 DISPOSITIONS	18824	1759	20583
TOTAL DISPOSITIONS	**38790**	**3529**	**42319**

Source: Standard Inpatient Data Record

FIGURE 5
TRIPLER ARMY MEDICAL CENTER
INPATIENT WORKLOAD
FISCAL YEAR 1994

Source: Standard Inpatient Data Record

FIGURE 6
TRIPLER ARMY MEDICAL CENTER
INPATIENT WORKLOAD
FISCAL YEAR 1995



Source: Standard Inpatient Data Record

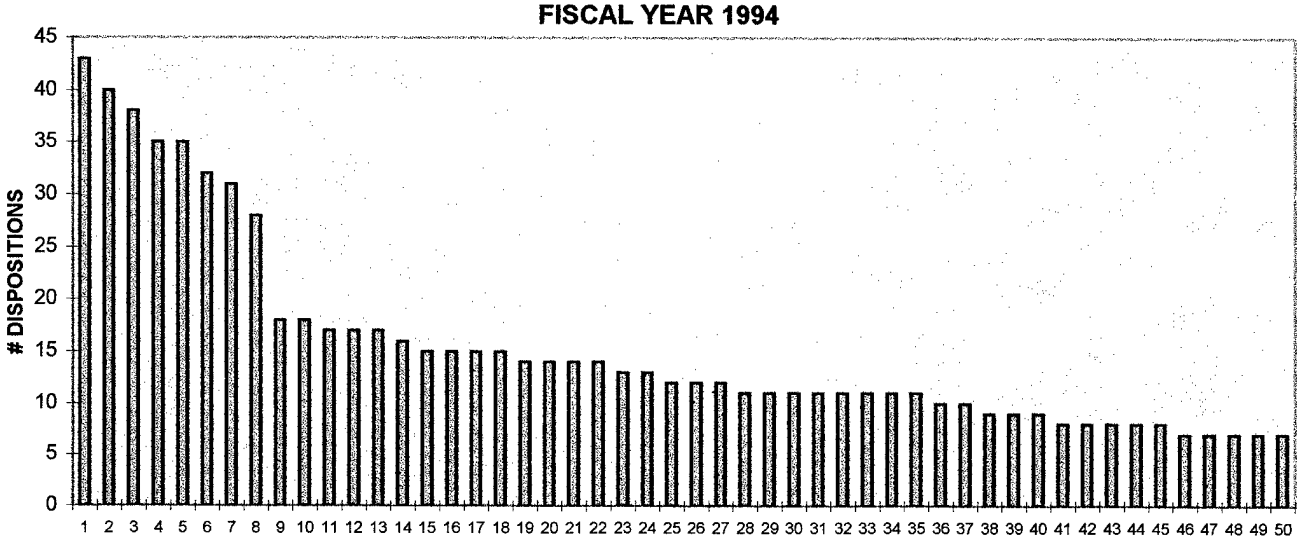
TABLE 4
TRIPLER ARMY MEDICAL CENTER
INPATIENT DISPOSITIONS
FISCAL YEAR 1994

	Clinic	DRG	NAME	PATIENTS OVER 65 YO	TOTAL PTS	PERCENT OF DRG	CUMULATIVE PERCENTAGE
1	Internal Medicine	88	Chronic Obstructive Pulmonary Disease	43	72	59.72%	2%
2	Cardiology	143	Chest Pain	40	87	45.98%	5%
3	Ophthalmology	39	Lens Procedures with or Without Vitrectomy	38	71	53.52%	7%
4	Internal Medicine	89	Simple Pneumonia & Pleurisy Age >17 w/CC	35	44	79.55%	9%
5	Psychiatry	430	Psychosis	35	377	9.28%	11%
6	Gastroenterology	183	Esophagitis, Gastroent & Misc Digest Disord Age >17 w/o CC	32	149	21.48%	13%
7	Cardiology	125	Circulatory Disorders Exc Ami, W/Card Cath w/o complex diag	31	128	24.22%	14%
8	Gastroenterology	189	Other Digestive Diagnosis Age >17 w/o CC	28	75	37.33%	16%
9	Cardiology	140	Angina Pectoris	18	34	52.94%	17%
10	Internal Medicine	127	Heart Failure and Shock	18	22	81.82%	18%
11	General Surgery	260	Subtotal Mastectomy for Malignancy w/o CC	17	45	37.78%	19%
12	General Surgery	262	Breast Biopsy and Local Excision for Non Malignancy	17	210	8.10%	20%
13	Oncology	410	Chemotherapy without Acute Leukemia as Secondary Diagnosis	17	37	45.95%	21%
14	Cardiology	139	Cardiac Arrhythmia & Conduction Disorders W/O CC	16	36	44.44%	22%
15	General Surgery	148	Major Small & Large Bowel Procedures with CC	15	37	40.54%	23%
16	General Surgery	162	Inguinal & Femoral Hernia Procedures Age >17 w/o CC	15	190	7.89%	23%
17	Internal Medicine	296	Nutritional & Misc Metabolic Disorders Age >17 with CC	15	22	68.18%	24%
18	Urology	337	Transurethral Prostatectomy w/o CC	15	28	53.57%	25%
19	Cardiology	138	Cardiac Arrhythmia & Conduction Disorders With CC	14	26	53.85%	26%
20	Gastroenterology	467	Other Factors Influencing Health Status	14	38	36.84%	27%
21	Internal Medicine	14	Specific Cerebrovascular Disorders Except TIA	14	25	56.00%	28%
22	Internal Medicine	277	Cellulitis Age > 17 With CC	14	24	58.33%	28%
23	Cardiology	112	Percutaneous Cardiovascular Procedures	13	44	29.55%	29%
24	Psychiatry	901	Alc/Drug Abu/Depnd, Detox/Oth Sym Treat Age >21 w/o CC	13	236	5.51%	30%
25	Cardio/Thoracic Surg	106	Coronary Bypass with Cardiac Cath	12	29	41.38%	30%
26	Coronary Care Unit	143	Chest Pain	12	62	19.35%	31%
27	Urology	311	Transurethral Procedures w/o CC	12	31	38.71%	32%
28	Cardiology	124	Circulatory Disorders Exc AMI, with Card Cath & Complex Diag	11	31	35.48%	32%
29	Cardiology	127	Heart Failure and Shock	11	21	52.38%	33%
30	General Surgery	149	Major Small & Large Bowel Procedures with CC	11	29	37.93%	34%
31	General Surgery	183	Esophogitis, Gastroent & Misc Digest Disord Age >17 w/o Diag	11	104	10.58%	34%
32	Internal Medicine	138	Cardiac Arrhythmia & Conduction Disorders with CC	11	18	61.11%	35%
33	Internal Medicine	174	GI Hemorrhage with CC	11	31	35.48%	36%
34	Ophthalmology	40	Extraocular Procedures Except Orbit Age >17	11	37	29.73%	36%
35	Orthopedics	222	Knee Procedures w/o CC	11	319	3.45%	37%
36	Coronary Care Unit	140	Angina Pectoris	10	12	83.33%	37%
37	Internal Medicine	320	Kidney & Urinary Tract Infections Age >17 With CC	10	17	58.82%	38%
38	General Surgery	181	GI Obstruction with CC	9	21	42.86%	38%
39	General Surgery	494	Laproscopic Cholecystectomy w/o CDE w/o CC	9	136	6.62%	39%
40	Internal Medicine	182	Esophagitis, Gastroent & Misc Digest Disord Age >17 With CC	9	22	40.91%	39%
41	Gynecology	360	Vagina, Cervix & Vulva Procedures	8	97	8.25%	40%
42	Gynecology	364	D&C, Conization Except For Malignancy	8	53	15.09%	40%
43	Internal Medicine	144	Other Circulatory System Diagnoses with CC	8	13	61.54%	41%
44	Internal Medicine	294	Diabetes Age >35	8	21	38.10%	41%
45	Orthopedics	209	Major Joint and Limb Reattachment Procedures-Lower Extremity	8	32	25.00%	42%
46	Cardiology	132	Atherosclerosis with CC	7	13	53.85%	42%
47	Gynecology	359		7	271	2.58%	42%
48	Internal Medicine	82	Respitory Neoplasms	7	13	53.85%	43%
49	Internal Medicine	116	Oth Perm Cardiac Pacemkr Implant/AICD Lead/Generator Proc	7	8	87.50%	43%
50	Internal Medicine	130	Peripheral Vascular Disorders with CC	7	11	63.64%	44%

SOURCE: STANDARD INPATIENT DATA RECORD

FIGURE 7

TRIPLER ARMY MEDICAL CENTER
PATIENTS OVER 65
TOP 50 DRG'S
FISCAL YEAR 1994



Source: Standard Inpatient Data Record

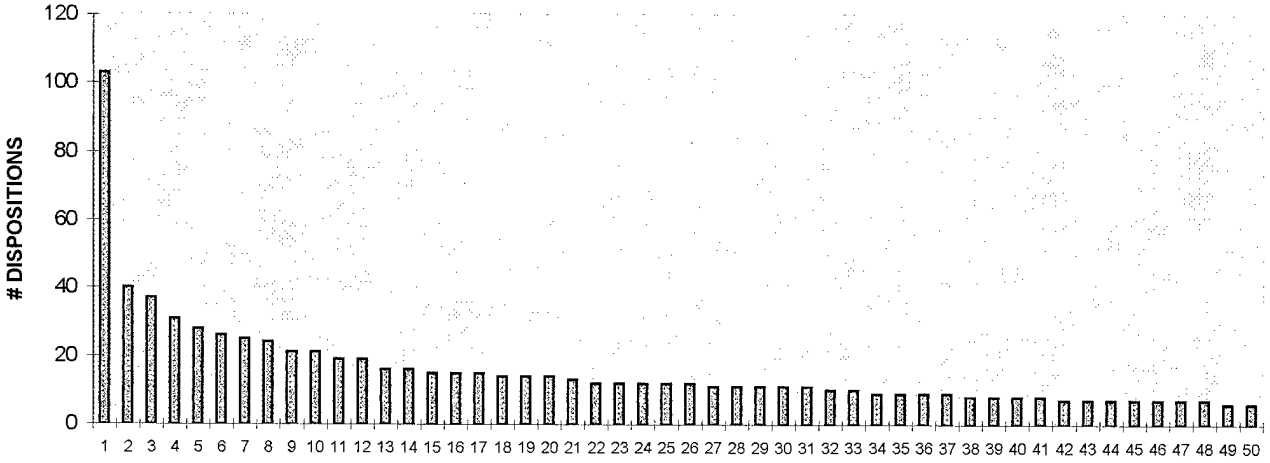
TABLE 5
TRIPLER ARMY MEDICAL CENTER
INPATIENT WORKLOAD
FISCAL YEAR 1995

	Clinic	DRG	NAME	PATIENTS OVER 65 YO	TOTAL PTS	PERCENT OF DRG	CUMULATIVE PERCENTAGE
1	Ophthalmology	39	Lens Procedures with or without Vitrectomy	103	154	67%	6%
2	Internal Medicine	88	Chronic Obstructive Pulmonary Disease	40	57	70%	8%
3	Psychiatry	430	Psychosis	37	431	9%	10%
4	Cardiology	125	Circulatory Disorders Exc AMI, w/Card Cath & Complex Diag	31	111	28%	12%
5	Internal Medicine	14	Specific Cerebrovascular Disorders Except TIA	28	52	54%	14%
6	Internal Medicine	89	Simple Pneumonia & Pleurisy Age >17 with CC	26	43	60%	15%
7	Cardiology	143	Chest Pain	25	63	40%	16%
8	Cardiology	112	Percutaneous Cardiovascular Procedures	24	76	32%	18%
9	Cardiology	124	Circulatory Disorders EXC AMI, with Card Cath & Complex Diag	21	53	40%	19%
10	Internal Medicine	174	GI Hemorrhage with CC	21	37	57%	20%
11	General Surgery	262	Breast Biopsy & Local Excision for Non-Malignancy	19	185	10%	21%
12	Internal Medicine	127	Heart Failure and Shock	19	27	70%	22%
13	Cardiology	138	Cardiac Arrhythmia & Conduction Disorders with CC	16	34	47%	23%
14	Cardiology	127	Heart Failure and Shock	16	22	73%	24%
15	General Surgery	162	Inguinal & Femoral Hernia Procedures Age >17 w/o CC	15	196	8%	25%
16	Cardiology	139	Cardiac Arrhythmia & Conduction Disorders w/o CC	15	34	44%	26%
17	Cardiology	140	Angina Pectoris	15	22	68%	27%
18	General Surgery	149	Major Small & Large Bowel Procedures w/o CC	14	42	33%	28%
19	General Surgery	148	Major Small & Large Bowel Procedures with CC	14	37	38%	28%
20	Internal Medicine	320	Kidney & Urinary Tract Infections Age >17 with CC	14	21	67%	29%
21	Internal Medicine	277	Cellulitis Age >17 with CC	13	28	46%	30%
22	Psychiatry	901	Alc/Drug Abu/Depnd, Detox/Oth Sym Treat Age >21 w/o CC	12	2111	1%	31%
23	General Surgery	260	Subtotal Mastectomy for Malignancy w/o CC	12	39	31%	31%
24	Neurosurgery	1	Craniotomy Age >17 Except for Trauma	12	38	32%	32%
25	Ophthalmology	40	Extraocular Procedures Except Orgit Age >17	12	37	32%	33%
26	Peripheral Vas Surg	130	Peripheral Vascular Disorders with CC	12	14	86%	33%
27	Coronary Care Unit	143	Chest Pain	11	40	28%	34%
28	Cardiology	132	Atherosclerosis with CC	11	24	46%	35%
29	Internal Medicine	296	Nutritional & Misc Metabolic Disorders Age >17 with CC	11	23	48%	35%
30	Peripheral Vas Surg	479	Other Vascular Procedures w/o CC	11	20	55%	36%
31	Urology	337	Transurethral Prostatectomy w/o CC	11	17	65%	36%
32	Internal Medicine	182	Esophogitis, Gastroent & Misc Digest Disord Age >17 with CC	10	27	37%	37%
33	Internal Medicine	294	Diabetes Age >35	10	20	50%	38%
34	Psychiatry	434	Alc/Drug Abuse or Dependence, Detox or Other Sympt Trt with CC	9	80	11%	38%
35	Orthopedics	209	Major Joint and Limb Reattachment Procedures-Lower Extremity	9	21	43%	39%
36	Internal Medicine	90	Simple Pneumonia & Pleurisy Age >17 w/o CC	9	20	45%	39%
37	Peripheral Vas Surg	15	Transient Ischemic Attack and Precerebral Occlusions	9	10	90%	40%
38	Cardio/Thoracic Surg	106	Coronary Bypass with Cardiac Cath	8	29	28%	40%
39	Internal Medicine	82	Respitory Neoplasms	8	16	50%	41%
40	Urology	338	Testes Procedures, For Malignancy	8	15	53%	41%
41	Urology	336	Transurethral Prostatectomy with CC	8	9	89%	41%
42	Orthopedics	231	Local Excision & Removal of Int Fix Devices Exc Hip & Femur	7	187	4%	42%
43	Gynecology	364	D&C, Conization Except for Malignancy	7	53	13%	42%
44	General Surgery	181	GI Obstruction with CC	7	17	41%	43%
45	Peripheral Vas Surg	131	Peripheral Vascular Disorders w/o CC	7	16	44%	43%
46	Internal Medicine	278	Cellulitis Age >17 w/o CC	7	15	47%	43%
47	Internal Medicine	141	Syncope & Collapse with CC	7	12	58%	44%
48	General Surgery	161	Inguinal & Femoral Hernia Procedures Age >17 with CC	7	10	70%	44%
49	Podiatry	225	Foot Procedures	6	164	4%	45%
50	Orthopedics	229	Hand or Wrist Proc, Except Major Joint Proc, w/o CC	6	128	5%	45%

SOURCE: STANDARD INPATIENT DATA RECORD

FIGURE 8

TRIPLER ARMY MEDICAL CENTER
TOP 50 DRG'S
PATIENTS OVER 65
FISCAL YEAR 1995



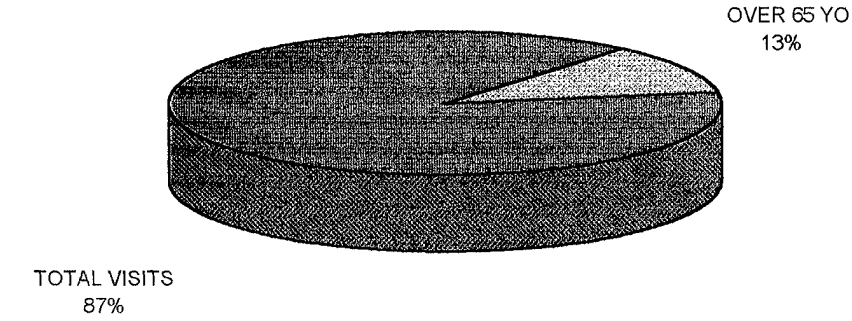
Source: Standard Inpatient Data Record

TABLE 6
TRIPLER ARMY MEDICAL CENTER
OUTPATIENT VISITS
FISCAL YEAR 1994

CLINIC	OVER 65 YO	TOTAL VISITS	PERCENT OF TOTAL VISITS
INTERNAL MEDICINE	10969	21363	51%
CARDIOLOGY CLINIC	8821	22979	38%
EMERGENCY ROOM	4247	57669	7%
PHYSICAL THERAPY	4060	34431	12%
ONCOLOGY	3882	12079	32%
UROLOGY	3701	14093	26%
FAMILY PRACTICE	3567	35543	10%
DERMATOLOGY	3395	14284	24%
CARDIOLOGY PROCEDURE	3327	10928	30%
ADULT OUTPATIENT	3166	22700	14%
NEPHROLOGY	2798	6764	41%
GENERAL SURGERY	2381	17492	14%
PULMONARY	1975	6604	30%
ALLERGY/IMMUNOLOGY	1697	15841	11%
ORTHOPEDIC	1634	30326	5%
OPHTHALMOLOGY	1572	7082	22%
ENT	1373	14701	9%
AUDIOLOGY	1300	7710	17%
GYNECOLOGY	1258	30356	4%
OCCUPATIONAL THERAPY	1255	19224	7%
GASTROENTEROLOGY CLINIC	1170	5097	23%
NEUROLOGY	1100	8068	14%
VASCULAR SURGERY	1080	2563	42%
INFECTIOUS DISEASE	799	4427	18%
GASTROENTEROLOGY PROCEDURE	782	2856	27%
PSYCHIATRIC OUTPATIENT	780	16502	5%
PULMONARY FUNCTION LAB	595	3061	19%
CHEMOTHERAPY	591	2493	24%
RHEUMATOLOGY	590	3695	16%
ENDOCRINE	554	4016	14%
NUTRITION	468	13763	3%
PODIATRY	412	3894	11%
CAST ROOM	397	9678	4%
OPTOMETRY	372	8456	4%
BRACE SHOP	357	6479	6%
HEAD AND NECK	316	961	33%
PHYSICAL MEDICINE	247	2360	10%
CARDIOTHORACIC	194	628	31%
SPEECH PATHOLOGY	194	5313	4%
NEUROSURGERY	170	2395	7%
DIABETIC	159	458	35%
OCCUPATIONAL HEALTH	153	8770	2%
IMMUNOTHERAPY	131	2541	5%
HEMATOLOGY	100	961	10%
HAND	100	1622	6%
COMMUNITY HEALTH NURSE	89	9651	1%
PLASTIC SURGERY	80	2986	3%
OPHTHALMOLOGY SURG/PROC	62	301	21%
SB HEARING CONS/AUDIOLOGY	58	14726	0%
NEUROLOGY PROCEDURE	44	804	5%
PROCTOLOGY	39	263	15%
FAMILY PLANNING	36	2459	1%
OBSTETRICS	31	61058	0%
SOCIAL WORK FA	9	1381	1%
PHYSICAL EXAMS	5	2714	0%
TOTAL VISITS	**78642**	**619569**	**13%**

SOURCE: CHCS

FIGURE 9
TRIPLER ARMY MEDICAL CENTER
OUTPATIENT VISITS
FISCAL YEAR 1994



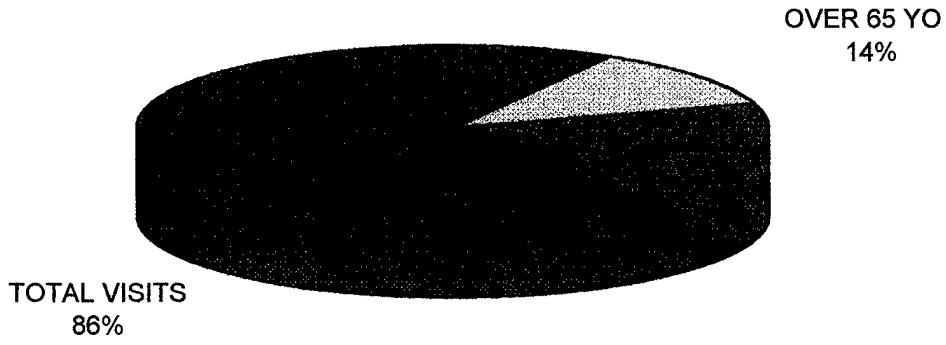
Source: CHCS

TABLE 7
TRIPLER ARMY MEDICAL CENTER
OUTPATIENT VISITS
FISCAL YEAR 1995

CLINIC	OVER 65 YO	TOTAL VISITS	PERCENT OF TOTAL VISITS
INTERNAL MEDICINE	9157	16395	56%
CARDIOLOGY CLINIC	8242	19321	43%
PHYSICAL THERAPY	4459	30212	15%
FAMILY PRACTICE	3890	31175	12%
EMERGENCY ROOM	3361	47959	7%
ADULT OUTPATIENT	3270	16646	20%
ONCOLOGY	3148	9293	34%
DERMATOLOGY	3099	11079	28%
UROLOGY	2981	11444	26%
NEPHROLOGY	2386	6215	38%
CARDIOLOGY PROCEDURE	2338	7656	31%
PULMONARY	1914	6342	30%
OPHTHALMOLOGY	1803	5862	31%
GENERAL SURGERY	1752	13664	13%
OCCUPATIONAL THERAPY	1552	14183	11%
ALLERGY/IMMUNOLOGY	1486	13380	11%
PSYCHIATRIC OUTPATIENT	1262	17551	7%
GYNECOLOGY	1142	29352	4%
AUDIOLOGY	1100	5744	19%
ENT	1083	12650	9%
NEUROLOGY	959	5087	19%
ORTHOPEDIC	953	25076	4%
VASCULAR SURGERY	930	2070	45%
PULMONARY FUNCTION LAB	822	2365	35%
GASTROENTEROLOGY CLINIC	746	3453	22%
INFECTIOUS DISEASE	674	4228	16%
CHEMOTHERAPY	637	2205	29%
NUTRITION	537	10090	5%
GASTROENTEROLOGY PROCEDURE	507	2112	24%
RHEUMATOLOGY	488	2766	18%
PODIATRY	412	4542	9%
ENDOCRINE	405	2897	14%
BRACE SHOP	369	6718	5%
SPEECH PATHOLOGY	318	3250	10%
OPTOMETRY	313	7165	4%
CAST ROOM	308	7794	4%
HEAD AND NECK	287	846	34%
SOCIAL WORK SERVICE	208	408	51%
PHYSICAL MEDICINE	184	2099	9%
HEMATOLOGY	142	1332	11%
NEUROSURGERY	138	2076	7%
FAMILY PLANNING	125	5125	2%
CARDIOTHORACIC	121	554	22%
DIABETIC	120	377	32%
OCCUPATIONAL HEALTH	116	6262	2%
SB HEARING CONS/AUDIOLOGY	106	14274	1%
IMMUNOTHERAPY	98	2077	5%
OPHTHALMOLOGY SURG/PROC	98	298	33%
PLASTIC SURGERY	85	2926	3%
PROCTOLOGY	42	198	21%
NEUROLOGY PROCEDURE	37	498	7%
COMMUNITY HEALTH NURSE	33	11260	0%
OBSTETRICS	14	53280	0%
PHYSICAL EXAMS	8	1818	0%
TOTAL VISITS	**70765**	**523649**	**14%**

SOURCE: CHCS

FIGURE 10
TRIPLER ARMY MEDICAL CENTER
OUTPATIENT VISITS
FISCAL YEAR 1995



Source: CHCS

Support Services

Table 8 represents the Pharmacy workload generated by the over 65 population for FY 94 and FY 95. The inpatient workload is subsequently broken down into four sub-categories. Intravenous Piggy Back - Injectables (IVP), Intravenous Fluid (IVF), Intravenous Drip (IVD) and Inpatient Medications (Med). This age group constituted 11% of all Pharmacy workload in FY 94 and 13% in FY 95 (Figure 11 and Figure 12).

Table 9 represents the Radiology workload generated by this age group for FY 94 through FY 95. In some they were responsible for 18% of the total workload (figure 13 and figure 14). Of Therapeutic Radiology, Interventional Radiology and Portable Radiology, each attributed 1/3 of their workload to this age group.

During FY 94 and FY 95, the over 65 population were responsible for 19% and 18% of the total Laboratory workload respectively (Figure 15 and Figure 16). Table 10 breaks down the lab by location for each fiscal year. The corresponding percentages of workload are displayed in Figure 17 and Figure 18.

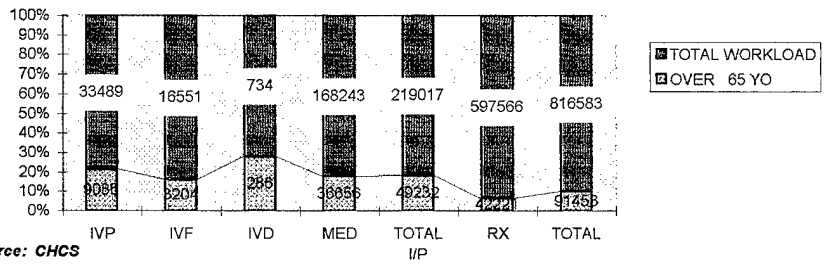
TABLE 8
TRIPLER ARMY MEDICAL CENTER
PHARMACY WORKLOAD

CLASSIFICATION	FY 94 LESS THAN 64 YO	FY 94 OVER 65 YO	FY 94 TOTAL WORKLOAD	FY 95 LESS THAN 64 YO	FY 95 OVER 65 YO	FY 95 TOTAL WORKLOAD
IVP	24403	9086	33489	26098	7302	33400
IVF	13347	3204	16551	13286	2938	16224
IVD	448	286	734	478	339	817
MED	131587	36656	168243	121281	33165	154446
TOTAL I/P	169785	49232	219017	121759	43744	165503
RX	555345	42221	597566	536347	59931	596278
TOTAL	**725130**	**91453**	**816583**	**658106**	**103675**	**761781**

SOURCE: CHCS

FIGURE 11

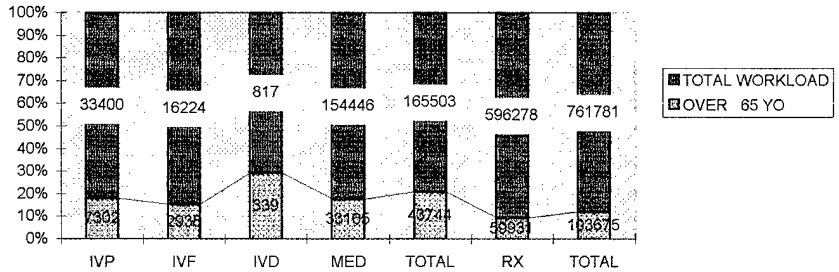
PHARMACY WORKLOAD
FISCAL YEAR 1994



Source: CHCS

FIGURE 12

PHARMACY WORKLOAD
FISCAL YEAR 1995



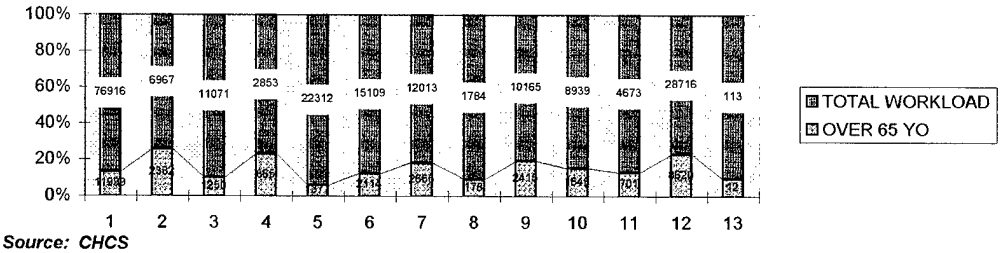
Source: CHCS

TABLE 9
TRIPLER ARMY MEDICAL CENTER
RADIOLOGY WORKLOAD
FISCAL YEARS 1994 AND 1995

	RADIOLOGY LOCATION	OVER 65 YO	LESS THAN 64 YO	TOTAL WORKLOAD	PERCENT OF WORKLOAD
1	DIAGNOSTIC RADIOLOGY	11999	64917	76916	16%
2	THERAPEUTIC RADIOLOGY	2382	4585	6967	34%
3	MAGNETIC RESONANCE IMAGING	1250	9821	11071	11%
4	INTERVENTIONAL	865	1988	2853	30%
5	DIAGNOSTIC RAD ORHTO/XRAY	1377	20935	22312	6%
6	ULTRASOUND	2114	12995	15109	14%
7	CAT SCAN	2665	9348	12013	22%
8	GU/XRAY	178	1606	1784	10%
9	MAMMO/XRAY	2415	7750	10165	24%
10	NUCLEAR MEDICINE	1648	7291	8939	18%
11	FLOUROSCOPY	701	3972	4673	15%
12	PORTABLE	8620	20096	28716	30%
13	DEPLOYABLE TELERADIOLOGY (IS0)	12	101	113	11%
	TOTAL	**36226**	**165405**	**201631**	**18%**

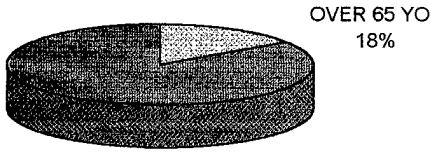
SOURCE: CHCS

FIGURE 13
RADIOLOGY WORKLAD BY LOCATION
FISCAL YEARS 1994 - 1995



Source: CHCS

FIGURE 14
RADIOLOGY TOTAL WORKLAD
FISCAL YEARS 1994 -1995



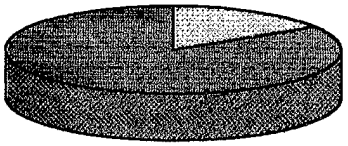
Source: CHCS

TOTAL LAB WORKLOAD

	LESS THAN 64 YO	OVER 65 YO	TOTAL WORKLOAD	PERCENT OF WORKLOAD
FY 94	449307	107494	556801	19%
FY 95	424958	96365	521323	18%
TOTAL	**874265**	**203859**	**1078124**	**19%**

SOURCE: CHCS

FIGURE 15
TOTAL LAB WORKLOAD
FISCAL YEAR 1994

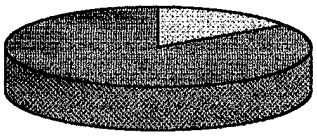


OVER 65 YO
19%

TOTAL
81%

Source: CHCS

FIGURE 16
TOTAL LAB WORKLOAD
FISCAL YEAR 1995



OVER 65 YO
18%

TOTAL
82%

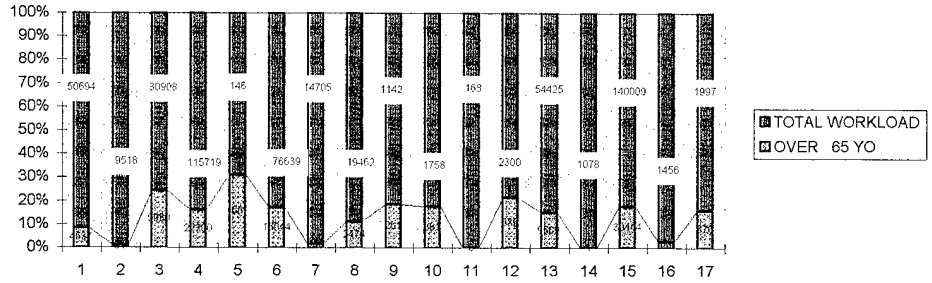
Source: CHCS

TABLE 10
TRIPLER ARMY MEDICAL CENTER
LAB WORKLOAD

	LAB LOCATION	FY 95 LESS THAN 64 YO	FY 95 OVER 65 YO	FY 95 TOTAL WORKLOAD	FY94 LESS THAN 64 YO	FY94 OVER 65 YO	FY94 TOTAL WORKLOAD
1	BACTERIOLOGY	46157	4537	50694	49784	6012	55796
2	BLOOD BANK	9427	91	9518	10011	88	10099
3	BLOOD GAS	20928	9980	30908	20731	10003	30734
4	CHEMISTRY	93519	22200	115719	75191	21970	97161
5	CLINICAL INVESTIGATION	80	66	146	96	32	128
6	HEMATOLOGY	60695	15944	76639	50039	13653	63692
7	HIV	14457	248	14705	13413	146	13559
8	IMMUNOLOGY	16988	2474	19462	18114	1814	19928
9	MYCOBACTERIOLOGY	881	261	1142	1001	377	1378
10	MYCOLOGY	1377	381	1758	1591	540	2131
11	OUTPATIENT	168	0	168	0	0	0
12	PARASITOLOGY	1670	630	2300	1668	593	2261
13	RIA	44836	9589	54425	42045	9293	51338
14	SEROLOGY	1077	1	1078	1105	0	1105
15	STAT LAB	109565	30444	140009	160034	43976	204010
16	URINALYSIS	1416	40	1456	1478	29	1507
17	VIROLOGY	1621	376	1997	1739	235	1974
	TOTAL	**424862**	**97262**	**522124**	**448040**	**108761**	**556801**

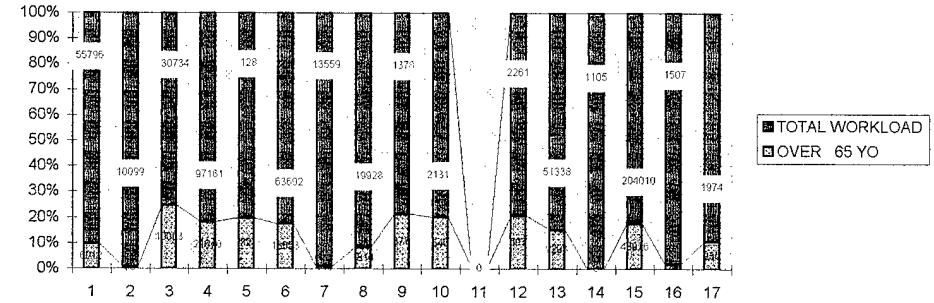
SOURCE: CHCS

FIGURE 17
LAB WORKLOAD BY LOCATION
FISCAL YEAR 1995



Source: CHCS

FIGURE 18
LAB WORKLOAD BY LOCATION
FISCAL YEAR 1994



Source: CHCS

Reimbursement Methodology

Prospective Payment

Using the top 50 DRG's for each fiscal year, TAMC could have generated an additional $2,795,163.80 in FY 94 (Table 11) and $2,792,402.73 (Table 12) in FY 95. The top 50 DRG's for each year only represents 45% of the inpatient workload. It is estimated that for all inpatient visits, well over $3m could have been generated for each year.

Capitation

Using the population figures compiled in Table 13, TAMC would have been paid $2,793,733 (Medicare Part A) and $1,282,974 (Medicare Part B) in FY 94 for its enrolled population (Table 14). Payments of $2,968,939 (Medicare Part A) and $1,365,018 (Medicare Part B) would have been expected in FY 95 (Table 15).

TABLE 11
TRIPLER ARMY MEDICAL CENTER
PROSPECTIVE PAYMENT SYSTEM
FISCAL YEAR 1994

	Clinic	DRG	NAME	Relative Weight	MEDICARE ELIGIBLE PTS	REIMBURSEMENT RATE	POTENTIAL COLLECTION	15% DISCOUNT
1	Internal Medicine	88	Chronic Obstructive Pulmonary Disease	1.0018	43	$4,423.72	$190,562.36	$161,978.00
2	Cardiology	143	Chest Pain	0.5159	40	$4,423.72	$91,287.89	$77,594.70
3	Ophthalmology	39	Lens Procedures with or Without Vitrectomy	0.5036	38	$4,423.72	$84,655.84	$71,957.47
4	Internal Medicine	89	Simple Pneumonia & Pleurisy Age >17 w/CC	1.1211	35	$4,423.72	$173,580.14	$147,543.12
5	Psychiatry	430	Psychosis	0.867	35	$4,423.72	$134,237.78	$114,102.12
6	Gastroenterology	183	Esophagitis, Gastroent & Misc Digest Disord Age >17 w/o CC	0.548	32	$4,423.72	$77,574.35	$65,938.20
7	Cardiology	125	Circulatory Disorders Exc Ami, W/Card Cath w/o complex diag	0.8767	31	$4,423.72	$120,226.54	$102,192.55
8	Gastroenterology	189	Other Digestive Diagnosis Age >17 w/o CC	0.5438	28	$4,423.72	$67,357.33	$57,253.73
9	Internal Medicine	127	Heart Failure and Shock	1.0302	18	$4,423.72	$82,031.69	$69,726.94
10	Cardiology	140	Angina Pectoris	0.6312	18	$4,423.72	$50,260.54	$42,721.46
11	General Surgery	260	Subtotal Mastectomy for Malignancy w/o CC	0.5749	17	$4,423.72	$43,234.34	$36,749.19
12	General Surgery	262	Breast Biopsy and Local Excision for Non Malignancy	0.7115	17	$4,423.72	$53,507.11	$45,481.04
13	Oncology	410	Chemotherapy without Acute Leukemia as Secondary Diagnosis	0.7172	17	$4,423.72	$53,935.76	$45,845.40
14	Cardiology	139	Cardiac Arrhythmia & Conduction Disorders W/O CC	0.4945	16	$4,423.72	$35,000.47	$29,750.40
15	General Surgery	148	Major Small & Large Bowel Procedures with CC	3.3264	15	$4,423.72	$220,725.93	$187,617.04
16	General Surgery	162	Inguinal & Femoral Hernia Procedures Age >17 w/o CC	0.5365	15	$4,423.72	$35,599.89	$30,259.90
17	Internal Medicine	296	Nutritional & Misc Metabolic Disorders Age >17 with CC	0.9166	15	$4,423.72	$60,821.73	$51,698.47
18	Urology	337	Transurethral Prostatectomy w/o CC	0.6128	15	$4,423.72	$40,662.83	$34,563.41
19	Internal Medicine	14	Specific Cerebrovascular Disorders Except TIA	1.2065	14	$4,423.72	$74,721.05	$63,512.90
20	Cardiology	138	Cardiac Arrhythmia & Conduction Disorders With CC	0.8049	14	$4,423.72	$49,849.13	$42,371.76
21	Internal Medicine	277	Cellulitis Age > 17 With CC	0.8703	14	$4,423.72	$53,899.49	$45,814.57
22	Gastroenterology	467	Other Factors Influencing Health Status	0.4291	14	$4,423.72	$26,575.06	$22,588.80
23	Cardiology	112	Percutaneous Cardiovascular Procedures	1.9922	13	$4,423.72	$114,568.15	$97,382.93
24	Psychiatry	901	Alc/Drug Abu/Depnd, Detox/Oth Sym Treat Age >21 w/o CC	0.8384	13	$4,423.72	$48,215.01	$40,982.76
25	Cardio/Thoracic Surg	106	Coronary Bypass with Cardiac Cath	5.6187	12	$4,423.72	$298,266.67	$253,526.67
26	Coronary Care Unit	143	Chest Pain	0.5159	12	$4,423.72	$27,386.37	$23,278.41
27	Urology	311	Transurethral Procedures w/o CC	0.5486	12	$4,423.72	$29,122.23	$24,753.90
28	Ophthalmology	40	Extraocular Procedures Except Orbit Age >17	0.7	11	$4,423.72	$34,062.64	$28,953.25
29	Cardiology	124	Circulatory Disorders Exc AMI, with Card Cath & Complex Diag	1.2933	11	$4,423.72	$62,933.17	$53,493.19
30	Cardiology	127	Heart Failure and Shock	1.0302	11	$4,423.72	$50,130.48	$42,610.91
31	Internal Medicine	138	Cardiac Arrhythmia & Conduction Disorders with CC	0.8049	11	$4,423.72	$39,167.17	$33,292.10
32	General Surgery	149	Major Small & Large Bowel Procedures with CC	1.5654	11	$4,423.72	$76,173.80	$64,747.73
33	Internal Medicine	174	GI Hemorrhage with CC	0.988	11	$4,423.72	$48,076.99	$40,865.44
34	General Surgery	183	Esophagitis, Gastroent & Misc Digest Disord Age >17 w/o Diag	0.548	11	$4,423.72	$26,666.18	$22,666.26
35	Orthopedics	222	Knee Procedures w/o CC	0.9747	11	$4,423.72	$47,429.80	$40,315.33
36	Coronary Care Unit	140	Angina Pectoris	0.6312	10	$4,423.72	$27,922.52	$23,734.14
37	Internal Medicine	320	Kidney & Urinary Tract Infections Age >17 With CC	0.932	10	$4,423.72	$41,229.07	$35,044.71
38	General Surgery	181	GI Obstruction with CC	0.5231	9	$4,423.72	$20,826.43	$17,702.47
39	Internal Medicine	182	Esophagitis, Gastroent & Misc Digest Disord Age >17 With CC	0.7794	9	$4,423.72	$31,030.63	$26,376.03
40	General Surgery	494	Laproscopic Cholecystectomy w/o CDE w/o CC	0.8769	9	$4,423.72	$34,912.44	$29,675.57
41	Internal Medicine	144	Other Circulatory System Diagnoses with CC	1.0689	8	$4,423.72	$37,828.11	$32,153.90
42	Orthopedics	209	Major Joint and Limb Reattachment Procedures-Lower Extremity	2.2707	8	$4,423.72	$80,359.53	$68,305.60
43	Internal Medicine	294	Diabetes Age >35	0.7579	8	$4,423.72	$26,821.90	$22,798.61
44	Gynecology	360	Vagina, Cervix & Vulva Procedures	0.8739	8	$4,423.72	$30,927.11	$26,288.04
45	Gynecology	364	D&C, Conization Except For Malignancy	0.6667	8	$4,423.72	$23,594.35	$20,055.20
46	Otorhinolaryngology	53	Sinus & Mastoid Procedures Age >17	0.9392	7	$4,423.72	$29,083.30	$24,720.81
47	Internal Medicine	82	Respitory Neoplasms	1.3166	7	$4,423.72	$40,769.89	$34,654.41
48	Internal Medicine	116	Oth Perm Cardiac Pacemkr Implant/AICD Lead/Generator Proc	2.3949	7	$4,423.72	$74,160.57	$63,036.48
49	Internal Medicine	130	Peripheral Vascular Disorders with CC	0.9384	7	$4,423.72	$29,058.53	$24,699.75
50	Cardiology	132	Atherosclerosis with CC	0.6861	7	$4,423.72	$21,245.80	$18,058.93
51	Internal Medicine	142	Syncope & Collapse Age w/o CC	0.5216	7	$4,423.72	$16,151.89	$13,729.10
							$5,298,429.00	$2,793,163.80

SOURCE: HMSA

TABLE 12
TRIPLER ARMY MEDICAL CENTER
PROSPECTIVE PAYMENT SYSTEM
FISCAL YEAR 1995

	Clinic	DRG	NAME	Relative Weight	MEDICARE ELIGIBLE PTS	REIMBURSEMENT RATE	POTENTIAL COLLECTION	15% DISCOUNT
1	Ophthalmology	39	Lens Procedures with or without Vitrectomy	0.5036	103	$4,177.79	$216,705.31	$184,199.51
2	Internal Medicine	88	Chronic Obstructive Pulmonary Disease	1.0018	40	$4,177.79	$167,412.40	$142,300.54
3	Psychiatry	430	Psychosis	0.867	37	$4,177.79	$134,019.33	$113,916.43
4	Cardiology	125	Circulatory Disorders Exc AMI, w/Card Cath & Complex Diag	0.8768	31	$4,177.79	$113,555.67	$96,522.32
5	Internal Medicine	14	Specific Cerebrovascular Disorders Except TIA	1.2065	28	$4,177.79	$141,134.10	$119,963.99
6	Internal Medicine	89	Simple Pneumonia & Pleurisy Age >17 with CC	1.211	26	$4,177.79	$131,541.90	$111,810.61
7	Cardiology	143	Chest Pain	0.5159	25	$4,177.79	$53,883.05	$45,800.59
8	Cardiology	112	Percutaneous Cardiovascular Procedures	1.9922	24	$4,177.79	$199,751.84	$169,789.06
9	Cardiology	124	Circulatory Disorders EXC AMI, with Card Cath & Complex Diag	1.2933	21	$4,177.79	$113,465.85	$96,445.97
10	Internal Medicine	174	GI Hemorrhage with CC	0.988	21	$4,177.79	$86,680.79	$73,678.67
11	General Surgery	262	Breast Biopsy & Local Excision for Non-Malignancy	0.7115	19	$4,177.79	$56,477.45	$48,005.84
12	Internal Medicine	127	Heart Failure and Shock	1.0302	19	$4,177.79	$81,775.23	$69,508.94
13	Cardiology	138	Cardiac Arrhythmia & Conduction Disorders with CC	0.8049	16	$4,177.79	$53,803.25	$45,732.76
14	Cardiology	127	Heart Failure and Shock	0.7115	16	$4,177.79	$47,559.96	$40,425.97
15	General Surgery	162	Inguinal & Femoral Hernia Procedures Age >17 w/o CC	0.5365	15	$4,177.79	$33,620.77	$28,577.65
16	Cardiology	139	Cardiac Arrhythmia & Conduction Disorders w/o CC	0.4945	15	$4,177.79	$30,988.76	$26,340.44
17	Cardiology	140	Angina Pectoris	0.6312	15	$4,177.79	$39,555.32	$33,622.02
18	General Surgery	149	Major Small & Large Bowel Procedures w/o CC	1.5654	14	$4,177.79	$91,558.77	$77,824.96
19	General Surgery	148	Major Small & Large Bowel Procedures with CC	3.3264	14	$4,177.79	$194,558.01	$165,374.31
20	Internal Medicine	320	Kidney & Urinary Tract Infections Age >17 with CC	0.932	14	$4,177.79	$54,511.80	$46,335.03
21	Internal Medicine	277	Cellulitis Age >17 with CC	0.8703	13	$4,177.79	$47,267.10	$40,177.03
22	Psychiatry	901	Alc/Drug Abu/Depnd, Detox/Oth Sym Treat Age >21 w/o CC	0.4249	12	$4,177.79	$21,301.72	$18,106.46
23	General Surgery	260	Subtotal Mastectomy for Malignancy w/o CC	0.5749	12	$4,177.79	$28,821.74	$24,498.48
24	Neurosurgery	1	Craniotomy Age >17 Except for Trauma	3.0932	12	$4,177.79	$155,072.88	$131,811.95
25	Ophthalmology	40	Extraocular Procedures Except Orgit Age >17	0.7	12	$4,177.79	$35,093.44	$29,829.42
26	Peripheral Vas Surg	130	Peripheral Vascular Disorders with CC	0.9384	12	$4,177.79	$47,045.26	$39,988.47
27	Coronary Care Unit	143	Chest Pain	0.5159	11	$4,177.79	$23,708.54	$20,152.26
28	Cardiology	132	Atherosclerosis with CC	0.6861	11	$4,177.79	$31,530.20	$26,800.67
29	Internal Medicine	296	Nutritional & Misc Metabolic Disorders Age >17 with CC	0.9166	11	$4,177.79	$42,122.99	$35,804.54
30	Peripheral Vas Surg	479	Other Vascular Procedures w/o CC	1.3864	11	$4,177.79	$63,712.97	$54,156.02
31	Urology	337	Transurethral Prostatectomy w/o CC	0.6128	11	$4,177.79	$28,161.65	$23,937.40
32	Internal Medicine	182	Esophagitis, Gastroent & Misc Digest Disord Age >17 with CC	0.7794	10	$4,177.79	$32,561.70	$27,677.44
33	Internal Medicine	294	Diabetes Age >35	0.7579	10	$4,177.79	$31,663.47	$26,913.95
34	Psychiatry	434	Alc/Drug Abuse or Dependence, Detox or Other Sympt Trt with CC	0.7373	9	$4,177.79	$27,722.56	$23,564.18
35	Orthopedics	209	Major Joint and Limb Reattachment Procedures-Lower Extremity	2.2707	9	$4,177.79	$85,378.57	$72,571.78
36	Internal Medicine	90	Simple Pneumonia & Pleurisy Age >17 w/o CC	0.6996	9	$4,177.79	$26,305.04	$22,359.28
37	Peripheral Vas Surg	15	Transient Ischemic Attack and Precerebral Occlusions	0.7227	9	$4,177.79	$27,173.60	$23,097.56
38	Cardio/Thoracic Surg	106	Coronary Bypass with Cardiac Cath	5.6187	8	$4,177.79	$187,789.99	$159,621.49
39	Internal Medicine	82	Respitory Neoplasms	1.3166	8	$4,177.79	$44,003.83	$37,403.25
40	Urology	338	Testes Procedures, For Malignancy	1.026	8	$4,177.79	$34,291.30	$29,147.61
41	Urology	336	Transurethral Prostatectomy with CC	0.8802	8	$4,177.79	$29,418.33	$25,005.58
42	Orthopedics	231	Local Excision & Removal of Int Fix Devices Exc Hip & Femur	1.2131	7	$4,177.79	$35,476.54	$30,155.06
43	Gynecology	364	D&C, Conization Except for Malignancy	0.6667	7	$4,177.79	$19,497.33	$16,572.73
44	General Surgery	181	GI Obstruction with CC	0.5231	7	$4,177.79	$15,297.81	$13,003.14
45	Peripheral Vas Surg	131	Peripheral Vascular Disorders w/o CC	0.6002	7	$4,177.79	$17,552.57	$14,919.68
46	Internal Medicine	278	Cellulitis Age >17 w/o CC	0.5822	7	$4,177.79	$17,026.17	$14,472.24
47	Internal Medicine	141	Syncope & Collapse with CC	0.7149	7	$4,177.79	$20,906.91	$17,770.88
48	General Surgery	161	Inguinal & Femoral Hernia Procedures Age >17 with CC	0.9554	7	$4,177.79	$27,940.22	$23,749.19
49	Podiatry	225	Foot Procedures	0.9504	6	$4,177.79	$23,823.43	$20,249.92
50	Orthopedics	229	Hand or Wrist Proc, Except Major Joint Proc, w/o CC	0.5965	6	$4,177.79	$14,952.31	$12,709.46
							$3,285,179.66	$2,792,402.79

SOURCE: HMSA

TABLE 13
TRIPLER ARMY MEDICAL CENTER
CATCHMENT AREA POPULATION

	FY 93	FY94	FY 95	FY 96
45 - 64 MALE	9150	8942	8725	8544
45 - 64 FEMALE	9243	9107	9007	8931
TOTAL 45-64	18393	18049	17732	17475
OVER 65 MALE	4300	4679	5008	5235
OVER 65 FEMALE	3971	4184	4405	4652
TOTAL AGE 65 AND OVER	**8271**	**8863**	**9413**	**9887**
TOTAL POPULATION	159629	150165	143139	139042

SOURCE: RAPS FY 93 BASELINE

TABLE 14
TRIPLER ARMY MEDICAL CENTER
POTENTIAL CAPITATION RATE
FISCAL YEAR 1994

HCFA STANDARDIZED PER CAPITAL RATES

	POPULATION	70% OF POPULATION	PART A	DEMOGRAPHIC COST FACTOR	PART B	DEMOGRAPHIC COST FACTOR	TOTAL PART A	TOTAL PART B	PART A 95%	PART B 95%
MALE	4679	3275	230.81	2.2	141.01	1.86	1663138	859041	1579981	816089
FEMALE	4184	2929	230.81	1.89	141.01	1.19	1277633	491458	1213751	466885
							2940771	1350499	$2,795,733	$1,282,974

SOURCE: HMSA

TABLE 15
TRIPLER ARMY MEDICAL CENTER
POTENTIAL CAPITATION RATES
FISCAL YEAR 1995

HCFA STANDARDIZED PER CAPITAL RATES

	POPULATION	70% OF POPULATION	PART A	DEMOGRAPHIC COST FACTOR	PART B	DEMOGRAPHIC COST FACTOR	TOTAL PART A	TOTAL PART B	PART A 95%	PART B 95%
MALE	5008	3506	230.81	2.2	141.01	1.86	1780081	919444	1691077	873472
FEMALE	4405	3084	230.81	1.89	141.01	1.19	1345118	517417	1277862	491546
							3125199	1436861	$2,968,939	$1,365,018

SOURCE: HMSA

CHAPTER 4 - DISCUSSION

POPULATION

The over 65 beneficiary population for TAMC will increase by approximately 2000 people between FY 95 and FY 03. This represents an increase of 5.8% of the total beneficiary population to 7.9% (RAPS 1996). Although this 2% increase may be small by comparison, these 2000 additional people represent an age group that uses the most healthcare resources than that of any other. If Medicare Subvention becomes a reality, TAMC should work to continue to treat these individuals as needed.

Interestingly enough, the beneficiary population of individuals age 45 - 64 will remain quite constant over the next 6 years. In fact, there will only be a slight increase of 11.2% to 11.3% of the makeup of the total beneficiary population during this time period (RAPS 1996). Although Hawaii offers an attractive and enticing lifestyle, it is still one of the most expensive places to live in the United States. Many people that retire from the military head back to the mainland or work for 10 or more years and then retire back to CONUS.

Inpatient Workload

The over 65 population represented 8% of the total inpatient workload for TAMC. However, many of these patients represent a majority of the workload under a particular DRG. In fact, in 11 of the 15 DRG's for Internal Medicine in FY 94, over 50% of the patients were over 65. This is the same for 5 of the 9 DRG's for Cardiology. In FY 95, 9 of the 13 DRG's for Internal Medicine had over 50% of the patients over 65. For Cardiology, 7 of 9 DRG's had over 40% of their patients over 65 (SIDS 1996).

When looking at FY 94, there are DRG's that stand alone as a large make up of the over 65 dispositions. Specifically, DRG's 88, 143, 39, 89, 430, 183 and 125 are areas that TAMC can focus on. In FY 95, the picture is not as clear, with the exception of DRG 39. However of the top 10 DRG's, 4 were from Internal Medicine and 4 were from Cardiology. This gives TAMC an idea of where its resources are being devoted (SIDS 1996).

In the event that access becomes a problem for the over 65 population, these may be areas where specialty clinics can be developed for treatment of this population. As TAMC is a teaching hospital, it is extremely important that the clinical staff maintain an adequate case-mix for its interns and residents. This helps maintain the Residency Review

Committee standards which will enhance graduate medical education at this facility.

Outpatient Visits

Although outpatient visits (count) for the over 65 population dropped by approximately 8000 between FY 94 and FY 95, the total number of visits (count) dropped by almost the same proportion. The over 65 population continued to represent approximately 14% of the total outpatient workload for TAMC (CHCS 1996).

The over 65 population continues to be a major contributor to workload for both Internal Medicine and Cardiology. In fact in FY 94, there were 10 clinics that had over 30% of their visits come from this beneficiary category. Of those, Internal Medicine, Nephrology and Vascular Surgery had over 40%. In FY 95, there were 12 clinics with at least 30% of their visits from this age group. Of those, Internal Medicine, Cardiology and Vascular Surgery had over 40% (CHCS 1996).

As stated previously, if and when access becomes tighter for the over 65 population. Clinics such as Internal Medicine and Vascular Surgery could become Centers of Excellence for particular disease categories within this age group. This could ease access for other TRICARE Prime

patients while allowing these clinics to maintain an adequate level of GME.

Support Services

Utilization of inpatient pharmaceuticals rose from 22% in FY 94 to 26% in FY 95. Also, outpatient prescriptions rose from 7% to 10% (CHCS 1996). This is a population that uses the most healthcare resources than any other age group. If this trend continues to increase, this will be an area where utilization management can play a role. If resources are to be used, an analysis of the formulary to ensure the most effective, but cost valued, drugs are being used.

There are three particular locations within Radiology attributing to over 30% of their workload for this age group. Emphasis should be placed upon these areas for further analysis as to the type of procedures being provided to these individuals and the effect it would have on GME if this population could not gain access to the facility (CHCS 1996).

All three of the support services for TAMC are responsible for a large percentage of workload generated by the over 65 population. As access becomes more difficult to the TAMC clinics, the impact on these three services could be severe.

Prospective Payment System

The potential revenue of $2,795,164 in FY 94 and $2,792,403 in FY 95 represent the minimum collection amount. Hospitals can receive additional payments under the Medicare Prospective Payment System for outlier cases, costs of medical education programs, and serving a disproportionate share of low income patients. In addition, the federal rates used did not include reimbursement for capital-related costs.

These two figures represent a baseline to be used by TAMC to compare how much it costs to care for these patients. It represents what TAMC would have earned using current resources and without purchasing additional care providers.

The next step is to compare average lengths of stay, as well as an estimate of resources/costs allocated to these patients, to include costs of support services.

As enrollment and priority for TRICARE Prime patients increase, access for the over 65 population is expected to decrease. In the event Medicare Subvention becomes a reality for the MHSS, cost-benefit analysis of purchasing care providers for this age group should be conducted.

Capitation

Reimbursement by Medicare under a risk contract certainly has significant revenue generating potential. As stated in the prospective payment discussion, further analysis is warranted to determine if the revenue generated could cover the costs of providing care for this age group.

A substantial marketing campaign for reaching a goal of at least 70% of this population enrolled will be a huge undertaking.

Due to the fact that the only way to classify an outpatient visit is by appointment type (i.e. follow-up, new etc.) there was no valid methodology to use to determine Medicare reimbursement. As TAMC prepares for the implementation of the Ambulatory Data System (ADS), which will be able to determine CPT-4 codes, a methodology will be able to be worked out in the future.

In any respect, given the amount of earning potential this population poses for TAMC, further analysis is certainly warranted.

CHAPTER 5 - CONCLUSION/RECOMMENDATIONS

The purpose of this study was to provide Tripler Army Medical Center with information in making informed decisions on how to best handle their Medicare/DoD eligible population with respect to access and the advent of Medicare Subvention. Specifically, an analysis of the dual eligible population for FY 94 and 95 was presented as well as a development of two reimbursement methodologies to calculate potential revenue from Medicare. In essence, this paper has provided a baseline for which further analysis could be conducted by interested parties.

The Medicare/DoD population represented 17% of the local population served during FY 94 and 95. In FY 94, 8% of all inpatient dispositions, 13% of the outpatient visits (count), 11% of the pharmacy workload, 18% of the Radiology workload, and 19% of the Lab workload were attributed to this beneficiary population. Likewise in FY 95 they were responsible for 8% of all inpatient dispositions, 14% of the outpatient visits (count), 14% of the Pharmacy workload, 18% of the Radiology workload, and 18% of the Lab workload.

Under a prospective payment reimbursement from Medicare, $2,795,164 of revenue could have been generated in FY 94. Similarly $2,792,403 could have been generated in FY

95. These were calculated using the top 50 DRG's and a 15% discount.

Using the RAPS FY 93 baseline, and a 70% enrolled population, TAMC could have received a capitated rate $2,793,733 (Part A) and $1,282,974 (Part B) in FY 94. Payments of $2,968,939 (Part A) and $1,365,018 (Part B) in FY 95.

Results of this study can be used by the Lead Agent as a tool when DoD establishes a final directive on what they will do with the Medicare/DoD eligible population. Although there may be different methodologies offered in addition to this project, the TAMC leadership can use this data as a baseline for further development.

This paper provides implication for further study which include:

1) Continue to project access to TAMC for all beneficiaries. Specifically, the effect of increasing TRICARE Prime enrollment and its appointment priority on the over 65 population.

2) Given the potential revenue generated under a prospective payment system, a retrospective cost/benefit analysis should be conducted for FY 94 and FY 95 comparing average lengths of stay and resource allocation. In

addition, factor in the reimbursement of outlier cases, GME and capital costs.

3) Conduct a cost/benefit analysis for care rendered on an outpatient basis and for support services. A future study is warranted as the ambulatory data system is implemented and data is gathered.

4) Estimate cost of purchasing care for this population in addition to current staff. Also, the cost of maintaining specialty clinics open for this population.

5) Survey dual-eligible population as to healthcare provider preference, people using private insurance and interest in enrolling in a TAMC Medicare HMO.

The ongoing debate of providing healthcare to those career military individuals and their families for life has come to a head. As TRICARE Prime enrollment increases at Tripler Army Medical Center, availability of appointments for the Medicare/DoD population is projected to eventually decrease. Will Medicare Subvention prove to be viable for both DoD and HCFA? That will be answered as the demonstration projects come to fruition. No matter what the outcome, TAMC must position itself to justify treating or not treating this portion of the beneficiary population. Currently, access is available for all individuals. However,

measures must be in place to deal with positive or negative effects of this legislation.

Note

The opinions or assertions contained herein are the private views of the author and are not to be construed as reflecting views of Tripler Army Medical Center, U.S. Department of the Army, U.S. Department of the Navy, and the U.S Department of Defense.

APPENDIX 1
TRIPLER ARMY MEDICAL CENTER
FISCAL YEAR 1995 DISPOSITIONS

	Clinic	DRG	MEDICARE ELIGIBLE PTS	TOTAL DISPOSITIONS	PERCENT OF DRG	CUMULATIVE PERCENT
1	Ophthalmology	39	103	154	70%	6%
2	Internal Medicine	88	40	57	9%	8%
3	Psychiatry	430	37	431	28%	10%
4	Cardiology	125	31	111	54%	12%
5	Internal Medicine	14	28	52	60%	14%
6	Internal Medicine	89	26	43	40%	15%
7	Cardiology	143	25	63	32%	16%
8	Cardiology	112	24	76	40%	18%
9	Cardiology	124	21	53	57%	19%
10	Internal Medicine	174	21	37	10%	20%
11	General Surgery	262	19	185	70%	21%
12	Internal Medicine	127	19	27	47%	22%
13	Cardiology	138	16	34	73%	23%
14	Cardiology	127	16	22	8%	24%
15	General Surgery	162	15	196	44%	25%
16	Cardiology	139	15	34	68%	26%
17	Cardiology	140	15	22	33%	27%
18	General Surgery	149	14	42	38%	28%
19	General Surgery	148	14	37	67%	28%
20	Internal Medicine	320	14	21	46%	29%
21	Internal Medicine	277	13	28	1%	30%
22	Psychiatry	901	12	2111	31%	31%
23	General Surgery	260	12	39	32%	31%
24	Neurosurgery	1	12	38	32%	32%
25	Ophthalmology	40	12	37	86%	33%
26	Peripheral Vas Surg	130	12	14	28%	33%
27	Coronary Care Unit	143	11	40	46%	34%
28	Cardiology	132	11	24	48%	35%
29	Internal Medicine	296	11	23	55%	35%
30	Peripheral Vas Surg	479	11	20	65%	36%
31	Urology	337	11	17	37%	36%
32	Internal Medicine	182	10	27	50%	37%
33	Internal Medicine	294	10	20	11%	38%
34	Psychiatry	434	9	80	43%	38%
35	Orthopedics	209	9	21	45%	39%
36	Internal Medicine	90	9	20	90%	39%
37	Peripheral Vas Surg	15	9	10	28%	40%
38	Cardio/Thoracic Surg	106	8	29	50%	40%
39	Internal Medicine	82	8	16	53%	41%
40	Urology	338	8	15	89%	41%
41	Urology	336	8	9	4%	41%
42	Orthopedics	231	7	187	13%	42%
43	Gynecology	364	7	53	41%	42%
44	General Surgery	181	7	17	44%	43%
45	Peripheral Vas Surg	131	7	16	47%	43%
46	Internal Medicine	278	7	15	58%	43%
47	Internal Medicine	141	7	12	70%	44%
48	General Surgery	161	7	10	4%	44%
49	Podiatry	225	6	164	5%	45%
50	Orthopedics	229	6	128	6%	45%
51	Neurosurgery	215	6	99	8%	45%
52	Urology	323	6	76	12%	46%
53	General Surgery	270	6	51	32%	46%
54	Oncology	410	6	19	35%	46%
55	Cardiology	122	6	17	46%	47%
56	Peripheral Vas Surg	478	6	13	55%	47%
57	Peripheral Vas Surg	110	6	11	55%	47%
58	Internal Medicine	205	6	11	60%	48%
59	Internal Medicine	139	6	10	60%	48%
60	Internal Medicine	297	6	10	67%	48%
61	Internal Medicine	316	6	9	86%	49%
62	Internal Medicine	142	6	7	86%	49%
63	Internal Medicine	203	6	7	7%	49%
64	Urology	339	5	76	7%	50%
65	General Surgery	183	5	75	7%	50%
66	Gynecology	358	5	71	8%	50%
67	General Surgery	160	5	60	12%	50%
68	Gynecology	360	5	41	18%	51%
69	Cardio/Thoracic Surg	75	5	28	28%	51%
70	Internal Medicine	395	5	18	45%	51%
71	Internal Medicine	130	5	11	50%	52%
72	Internal Medicine	15	5	10	50%	52%
73	Coronary Care Unit	140	5	10	50%	52%
74	Orthopedics	210	5	10	50%	52%
75	Internal Medicine	475	5	10	63%	53%
76	General Surgery	154	5	8	100%	53%
77	FP Medicine	138	5	5	500%	53%
78	Nephrology	315	5	1	1%	54%
79	Orthopedics	222	4	327	4%	54%
80	General Surgery	494	4	109	4%	54%
81	Orthopedics	219	4	104	8%	54%
82	Urology	305	4	52	10%	55%
83	Otorhinolaryngology	268	4	42	20%	55%
84	Cardio/Thoracic Surg	107	4	20	25%	55%
85	Internal Medicine	321	4	16	27%	55%
86	General Surgery	258	4	15	33%	55%
87	FP Medicine	89	4	12	36%	56%
88	Gynecology	356	4	11	36%	56%
89	Internal Medicine	398	4	11	40%	56%
90	Internal Medicine	300	4	10	40%	56%
91	Internal Medicine	416	4	10	44%	57%
92	Internal Medicine	131	4	9	50%	57%
93	Internal Medicine	429	4	8	50%	57%

94	Surgical ICU	483	4	8	67%	57%
95	Internal Medicine	172	4	6	67%	57%
96	Internal Medicine	239	4	6	80%	58%
97	FP Medicine	14	4	5	80%	58%
98	Internal Medicine	79	4	5	80%	58%
99	Internal Medicine	124	4	5	80%	58%
100	Coronary Care Unit	132	4	5	4%	59%
101	Otorhinolaryngology	53	3	83	4%	59%
102	Otorhinolaryngology	55	3	68	11%	59%
103	Otorhinolaryngology	73	3	27	12%	59%
104	General Surgery	493	3	25	13%	59%
105	Urology	311	3	24	14%	59%
106	Peripheral Vas Surg	119	3	22	14%	60%
107	Orthopedics	228	3	22	14%	60%
108	Internal Medicine	183	3	21	14%	60%
109	Orthopedics	254	3	21	17%	60%
110	General Surgery	276	3	18	20%	60%
111	Orthopedics	243	3	15	25%	60%
112	Internal Medicine	24	3	12	25%	61%
113	Ophthalmology	36	3	12	25%	61%
114	Internal Medicine	143	3	12	25%	61%
115	Otorhinolaryngology	169	3	12	27%	61%
116	Internal Medicine	125	3	11	27%	61%
117	Urology	335	3	11	30%	62%
118	Nephrology	331	3	10	30%	62%
119	Internal Medicine	403	3	10	33%	62%
120	Internal Medicine	96	3	9	33%	62%
121	Cardiology	116	3	9	33%	62%
122	Internal Medicine	315	3	9	33%	62%
123	Internal Medicine	331	3	9	33%	63%
124	Internal Medicine	449	3	9	38%	63%
125	Otorhinolaryngology	50	3	8	38%	63%
126	Urology	303	3	8	43%	63%
127	Internal Medicine	35	3	7	43%	63%
128	Otorhinolaryngology	49	3	7	43%	63%
129	General Surgery	131	3	7	43%	64%
130	Internal Medicine	468	3	7	50%	64%
131	Internal Medicine	65	3	6	50%	64%
132	Internal Medicine	80	3	6	50%	64%
133	Cardiology	121	3	6	50%	64%
134	General Surgery	150	3	6	50%	64%
135	FP Medicine	175	3	6	50%	65%
136	Internal Medicine	177	3	6	50%	65%
137	Internal Medicine	463	3	6	50%	65%
138	General Surgery	478	3	6	60%	65%
139	Medical ICU	174	3	5	60%	65%
140	Internal Medicine	178	3	5	60%	65%
141	Urology	307	3	5	60%	66%
142	Nephrology	316	3	5	60%	66%
143	Nephrology	320	3	5	75%	66%
144	Peripheral Vas Surg	5	3	4	75%	66%
145	Internal Medicine	85	3	4	75%	66%
146	Cardiology	88	3	4	75%	66%
147	Internal Medicine	135	3	4	75%	67%
148	FP Medicine	142	3	4	75%	67%
149	Internal Medicine	144	3	4	75%	67%
150	Cardiology	144	3	4	75%	67%
151	General Surgery	146	3	4	75%	67%
152	Orthopedics	236	3	4	75%	67%
153	Internal Medicine	238	3	4	75%	68%
154	Urology	306	3	4	75%	68%
155	Peripheral Vas Surg	315	3	4	100%	68%
156	Cardiology	14	3	3	100%	68%
157	FP Medicine	15	3	3	100%	68%
158	FP Medicine	82	3	3	100%	69%
159	Internal Medicine	86	3	3	100%	69%
160	Cardio/Thoracic Surg	86	3	3	100%	69%
161	Internal Medicine	87	3	3	100%	69%
162	Ophthalmology	268	3	3	100%	69%
163	Peripheral Vas Surg	271	3	3	100%	69%
164	Internal Medicine	273	3	3	100%	70%
165	Internal Medicine	346	3	3	1%	70%
166	Gynecology	359	2	232	1%	70%
167	Subst Abuse Rehab	436	2	181	3%	70%
168	General Surgery	158	2	72	5%	70%
169	Urology	341	2	40	7%	70%
170	Otorhinolaryngology	468	2	30	7%	70%
171	Otorhinolaryngology	57	2	28	8%	70%
172	Orthopedics	215	2	25	9%	70%
173	Psychiatry	433	2	22	10%	71%
174	FP Medicine	97	2	20	11%	71%
175	Internal Medicine	204	2	19	11%	71%
176	Orthopedics	217	2	19	12%	71%
177	Gynecology	410	2	17	13%	71%
178	Internal Medicine	25	2	15	13%	71%
179	Otorhinolaryngology	482	2	15	14%	71%
180	General Surgery	151	2	14	14%	71%
181	Gynecology	183	2	14	17%	72%
182	FP Medicine	278	2	12	18%	72%
183	Cardio/Thoracic Surg	104	2	11	18%	72%
184	General Surgery	182	2	11	18%	72%
185	FP Medicine	182	2	11	20%	72%
186	General Surgery	198	2	10	20%	72%
187	Orthopedics	211	2	10	20%	72%
188	Urology	332	2	10	20%	72%
189	Gynecology	353	2	10	20%	72%
190	General Surgery	468	2	10	20%	73%
191	Otorhinolaryngology	477	2	10	22%	73%
192	General Surgery	197	2	9	22%	73%
193	Internal Medicine	247	2	9	22%	73%
194	Internal Medicine	410	2	9	25%	73%
195	FP Medicine	90	2	8	25%	73%
196	Internal Medicine	188	2	8	25%	73%

197	General Surgery	193	2	8	25%	73%
198	General Surgery	204	2	8	25%	73%
199	Urology	310	2	8	25%	74%
200	Urology	321	2	8	25%	74%
201	Gynecology	366	2	8	29%	74%
202	Pulmonary/URD	88	2	7	29%	74%
203	Internal Medicine	397	2	7	33%	74%
204	Internal Medicine	34	2	6	33%	74%
205	Pulmonary/URD	82	2	6	33%	74%
206	General Surgery	174	2	6	33%	74%
207	Urology	326	2	6	33%	74%
208	General Surgery	418	2	6	40%	75%
209	Neurosurgery	6	2	5	40%	75%
210	Ophthalmology	42	2	5	40%	75%
211	FP Medicine	96	2	5	40%	75%
212	Coronary Care Unit	112	2	5	40%	75%
213	Coronary Care Unit	124	2	5	40%	75%
214	Cardiology	133	2	5	40%	75%
215	Coronary Care Unit	138	2	5	40%	75%
216	Internal Medicine	425	2	5	40%	75%
217	Psychiatry	429	2	5	50%	76%
218	Internal Medicine	10	2	4	50%	76%
219	Internal Medicine	68	2	4	50%	76%
220	Peripheral Vas Surg	113	2	4	50%	76%
221	Cardiology	141	2	4	50%	76%
222	Orthopedics	239	2	4	50%	76%
223	Urology	315	2	4	50%	76%
224	Otorhinolaryngology	408	2	4	50%	76%
225	Internal Medicine	464	2	4	50%	77%
226	Orthopedics	468	2	4	50%	77%
227	Internal Medicine	477	2	4	67%	77%
228	Internal Medicine	18	2	3	67%	77%
229	Internal Medicine	19	2	3	67%	77%
230	Cardiology	87	2	3	67%	77%
231	Internal Medicine	94	2	3	67%	77%
232	General Surgery	111	2	3	67%	77%
233	Cardiology	118	2	3	67%	77%
234	Coronary Care Unit	123	2	3	67%	78%
235	Coronary Care Unit	127	2	3	67%	78%
236	Cardiology	136	2	3	67%	78%
237	Internal Medicine	138	2	3	67%	78%
238	Cardiology	142	2	3	67%	78%
239	General Surgery	275	2	3	67%	78%
240	General Surgery	294	2	3	67%	78%
241	Urology	408	2	3	67%	78%
242	Otorhinolaryngology	418	2	3	67%	78%
243	General Surgery	479	2	3	67%	79%
244	Internal Medicine	489	2	3	100%	79%
245	Medical ICU	87	2	2	100%	79%
246	Pulmonary/URD	99	2	2	100%	79%
247	Internal Medicine	101	2	2	100%	79%
248	Internal Medicine	132	2	2	100%	79%
249	General Surgery	159	2	2	100%	79%
250	Cardiology	182	2	2	100%	79%
251	Peripheral Vas Surg	182	2	2	100%	79%
252	Coronary Care Unit	183	2	2	100%	80%
253	Gastroenterology	203	2	2	100%	80%
254	Internal Medicine	243	2	2	100%	80%
255	General Surgery	247	2	2	100%	80%
256	Peripheral Vas Surg	263	2	2	100%	80%
257	Peripheral Vas Surg	278	2	2	100%	80%
258	General Surgery	308	2	2	100%	80%
259	Medical ICU	316	2	2	100%	80%
260	Urology	346	2	2	100%	81%
261	Urology	400	2	2	100%	81%
262	Medical ICU	416	2	2	100%	81%
263	Internal Medicine	444	2	2	100%	81%
264	General Surgery	452	2	2	100%	81%
265	Medical ICU	475	2	2	1%	81%
266	Psychiatry	427	1	175	1%	81%
267	Otorhinolaryngology	56	1	122	1%	81%
268	Otorhinolaryngology	59	1	67	2%	81%
269	Plastic Surgery	268	1	60	3%	81%
270	Orthopedics	234	1	37	3%	81%
271	Orthopedics	6	1	31	3%	81%
272	Orthopedics	225	1	30	4%	81%
273	Cardio/Thoracic Surg	105	1	28	4%	82%
274	General Surgery	290	1	27	4%	82%
275	Urology	324	1	27	4%	82%
276	General Surgery	189	1	25	5%	82%
277	Otorhinolaryngology	270	1	22	5%	82%
278	Infectious Disease	489	1	21	5%	82%
279	Oral Surgery	169	1	20	5%	82%
280	Internal Medicine	97	1	19	6%	82%
281	Otorhinolaryngology	154	1	18	6%	82%
282	General Surgery	155	1	18	6%	82%
283	Otorhinolaryngology	63	1	17	6%	82%
284	Urology	304	1	17	6%	82%
285	FP Medicine	321	1	16	6%	82%
286	Gynecology	363	1	16	7%	82%
287	Plastic Surgery	270	1	15	7%	82%
288	Neurosurgery	29	1	14	7%	82%
289	Neurosurgery	243	1	14	8%	82%
290	Podiatry	8	1	13	8%	82%
291	Orthopedics	278	1	13	8%	83%
292	Urology	313	1	12	9%	83%
293	Internal Medicine	175	1	11	9%	83%
294	Internal Medicine	434	1	11	10%	83%
295	Ophthalmology	47	1	10	10%	83%
296	FP Medicine	139	1	10	10%	83%
297	Gastroenterology	183	1	10	10%	83%
298	FP Medicine	320	1	10	10%	83%
299	Urology	350	1	10	11%	83%

300	Otorhinolaryngology	40	1	9	11%	83%
301	Cardiology	100	1	9	11%	83%
302	Orthopedics	230	1	9	11%	83%
303	Orthopedics	281	1	9	11%	83%
304	General Surgery	394	1	9	11%	83%
305	Internal Medicine	901	1	9	13%	83%
306	Internal Medicine	20	1	8	13%	83%
307	FP Medicine	24	1	8	13%	83%
308	Cardio/Thoracic Surg	108	1	8	13%	84%
309	Oral Surgery	185	1	8	13%	84%
310	Orthopedics	245	1	8	13%	84%
311	Gynecology	354	1	8	14%	84%
312	Coronary Care Unit	125	1	7	14%	84%
313	General Surgery	208	1	7	14%	84%
314	Urology	467	1	7	17%	84%
315	Internal Medicine	78	1	6	17%	84%
316	General Surgery	171	1	6	17%	84%
317	General Surgery	259	1	6	17%	84%
318	Otorhinolaryngology	266	1	6	20%	84%
319	Neurosurgery	14	1	5	20%	84%
320	Otorhinolaryngology	61	1	5	20%	84%
321	Coronary Care Unit	122	1	5	20%	84%
322	Coronary Care Unit	139	1	5	20%	84%
323	Internal Medicine	189	1	5	20%	84%
324	General Surgery	191	1	5	20%	84%
325	Internal Medicine	202	1	5	20%	84%
326	Orthopedics	235	1	5	20%	85%
327	Plastic Surgery	266	1	5	20%	85%
328	**Internal Medicine**	**299**	**1**	5	20%	85%
329	Urology	309	1	5	20%	85%
330	Urology	320	1	5	20%	85%
331	Gynecology	355	1	5	20%	85%
332	General Surgery	400	1	5	20%	85%
333	Oncology	403	1	5	20%	85%
334	Internal Medicine	426	1	5	20%	85%
335	Otorhinolaryngology	443	1	5	25%	85%
336	Orthopedics	4	1	4	25%	85%
337	Peripheral Vas Surg	8	1	4	25%	85%
338	Otorhinolaryngology	64	1	4	25%	85%
339	Cardio/Thoracic Surg	77	1	4	25%	85%
340	Cardio/Thoracic Surg	94	1	4	25%	85%
341	Internal Medicine	99	1	4	25%	85%
342	Internal Medicine	133	1	4	25%	85%
343	General Surgery	172	1	4	25%	86%
344	General Surgery	180	1	4	25%	86%
345	Gastroenterology	182	1	4	25%	86%
346	FP Medicine	183	1	4	25%	86%
347	Gastroenterology	188	1	4	25%	86%
348	General Surgery	269	1	4	25%	86%
349	FP Surgery	278	1	4	25%	86%
350	Internal Medicine	284	1	4	25%	86%
351	General Surgery	321	1	4	25%	86%
352	Urology	331	1	4	25%	86%
353	Urology	334	1	4	25%	86%
354	Urology	356	1	4	25%	86%
355	Orthopedics	418	1	4	25%	86%
356	Internal Medicine	419	1	4	25%	86%
357	Orthopedics	470	1	4	25%	86%
358	Cardiology	479	1	4	33%	86%
359	Medical ICU	14	1	3	33%	86%
360	Orthopedics	19	1	3	33%	86%
361	Cardiology	68	1	3	33%	87%
362	Pulmonary/URD	76	1	3	33%	87%
363	FP Medicine	88	1	3	33%	87%
364	Cardiology	89	1	3	33%	87%
365	Internal Medicine	93	1	3	33%	87%
366	Internal Medicine	100	1	3	33%	87%
367	Coronary Care Unit	133	1	3	33%	87%
368	Cardiology	134	1	3	33%	87%
369	General Surgery	203	1	3	33%	87%
370	General Surgery	243	1	3	33%	87%
371	Internal Medicine	245	1	3	33%	87%
372	Orthopedics	247	1	3	33%	87%
373	Orthopedics	253	1	3	33%	87%
374	Internal Medicine	256	1	3	33%	87%
375	Oral Surgery	270	1	3	33%	87%
376	Internal Medicine	280	1	3	33%	87%
377	Neurosurgery	286	1	3	33%	87%
378	FP Medicine	294	1	3	33%	87%
379	Urology	329	1	3	33%	88%
380	Internal Medicine	332	1	3	33%	88%
381	Urology	365	1	3	33%	88%
382	Internal Medicine	413	1	3	33%	88%
383	Nephrology	416	1	3	33%	88%
384	Psychiatry	477	1	3	33%	88%
385	Cardiology	478	1	3	33%	88%
386	Otorhinolaryngology	483	1	3	50%	88%
387	FP Medicine	12	1	2	50%	88%
388	Cardiology	25	1	2	50%	88%
389	Nephrology	35	1	2	50%	88%
390	Plastic Surgery	40	1	2	50%	88%
391	Internal Medicine	64	1	2	50%	88%
392	Otorhinolaryngology	66	1	2	50%	88%
393	Internal Medicine	75	1	2	50%	88%
394	Internal Medicine	76	1	2	50%	88%
395	Cardio/Thoracic Surg	76	1	2	50%	88%
396	General Surgery	77	1	2	50%	89%
397	Cardiology	78	1	2	50%	89%
398	Cardiology	79	1	2	50%	89%
399	General Surgery	88	1	2	50%	89%
400	General Surgery	89	1	2	50%	89%
401	Internal Medicine	102	1	2	50%	89%
402	Peripheral Vas Surg	111	1	2	50%	89%

403	General Surgery	113	1	2	50%	89%
404	Cardiology	117	1	2	50%	89%
405	General Surgery	124	1	2	50%	89%
406	Peripheral Vas Surg	125	1	2	50%	89%
407	Cardio/Thoracic Surg	143	1	2	50%	89%
408	Medical ICU	144	1	2	50%	89%
409	Surgical ICU	148	1	2	50%	89%
410	Gastroenterology	173	1	2	50%	89%
411	Cardiology	174	1	2	50%	89%
412	Gastroenterology	174	1	2	50%	89%
413	Cardiology	178	1	2	50%	89%
414	General Surgery	178	1	2	50%	90%
415	Oncology	182	1	2	50%	90%
416	General Surgery	188	1	2	50%	90%
417	General Surgery	192	1	2	50%	90%
418	Surgical ICU	204	1	2	50%	90%
419	FP Medicine	204	1	2	50%	90%
420	Internal Medicine	233	1	2	50%	90%
421	Oncology	239	1	2	50%	90%
422	**Internal Medicine**	**244**	1	2	50%	90%
423	General Surgery	248	1	2	50%	90%
424	Plastic Surgery	265	1	2	50%	90%
425	Internal Medicine	269	1	2	50%	90%
426	Internal Medicine	271	1	2	50%	90%
427	Internal Medicine	274	1	2	50%	90%
428	Otorhinolaryngology	291	1	2	50%	90%
429	FP Medicine	296	1	2	50%	90%
430	Gastroenterology	320	1	2	50%	90%
431	Internal Medicine	325	1	2	50%	91%
432	Cardiology	395	1	2	50%	91%
433	Oncology	395	1	2	50%	91%
434	Gynecology	395	1	2	50%	91%
435	FP Medicine	395	1	2	50%	91%
436	General Surgery	402	1	2	50%	91%
437	Hematology	403	1	2	50%	91%
438	Internal Medicine	414	1	2	50%	91%
439	Neurosurgery	418	1	2	50%	91%
440	Cardio/Thoracic Surg	440	1	2	50%	91%
441	Ophthalmology	443	1	2	50%	91%
442	Internal Medicine	478	1	2	50%	91%
443	Internal Medicine	482	1	2	50%	91%
444	Internal Medicine	483	1	2	50%	91%
445	General Surgery	486	1	2	100%	91%
446	Surgical ICU	1	1	1	100%	91%
447	General Surgery	5	1	1	100%	91%
448	Surgical ICU	5	1	1	100%	91%
449	Internal Medicine	7	1	1	100%	92%
450	Cardiology	15	1	1	100%	92%
451	Internal Medicine	17	1	1	100%	92%
452	Neurosurgery	17	1	1	100%	92%
453	Internal Medicine	23	1	1	100%	92%
454	Neurology	24	1	1	100%	92%
455	Gynecology	36	1	1	100%	92%
456	Internal Medicine	39	1	1	100%	92%
457	Internal Medicine	45	1	1	100%	92%
458	Infectious Disease	46	1	1	100%	92%
459	Infectious Disease	47	1	1	100%	92%
460	General Surgery	63	1	1	100%	92%
461	Otorhinolaryngology	65	1	1	100%	92%
462	FP Medicine	65	1	1	100%	92%
463	Internal Medicine	66	1	1	100%	92%
464	Medical ICU	66	1	1	100%	92%
465	Nephrology	69	1	1	100%	92%
466	Pulmonary/URD	69	1	1	100%	92%
467	Endocrinology	73	1	1	100%	93%
468	Cardiology	75	1	1	100%	93%
469	Pulmonary/URD	77	1	1	100%	93%
470	FP Medicine	85	1	1	100%	93%
471	Nephrology	101	1	1	100%	93%
472	Cardiology	106	1	1	100%	93%
473	Coronary Care Unit	106	1	1	100%	93%
474	Surgical ICU	107	1	1	100%	93%
475	Cardiology	110	1	1	100%	93%
476	Surgical ICU	110	1	1	100%	93%
477	Surgical ICU	111	1	1	100%	93%
478	Urology	111	1	1	100%	93%
479	Internal Medicine	112	1	1	100%	93%
480	Internal Medicine	113	1	1	100%	93%
481	Medical ICU	113	1	1	100%	93%
482	Orthopedics	114	1	1	100%	93%
483	Cardiology	115	1	1	100%	93%
484	Coronary Care Unit	116	1	1	100%	94%
485	Internal Medicine	118	1	1	100%	94%
486	Nephrology	120	1	1	100%	94%
487	Cardio/Thoracic Surg	120	1	1	100%	94%
488	Coronary Care Unit	121	1	1	100%	94%
489	Medical ICU	122	1	1	100%	94%
490	Cardio/Thoracic Surg	122	1	1	100%	94%
491	FP Medicine	122	1	1	100%	94%
492	Medical ICU	123	1	1	100%	94%
493	FP Medicine	123	1	1	100%	94%
494	Nephrology	124	1	1	100%	94%
495	Nephrology	127	1	1	100%	94%
496	FP Medicine	127	1	1	100%	94%
497	Oncology	128	1	1	100%	94%
498	General Surgery	130	1	1	100%	94%
499	Surgical ICU	130	1	1	100%	94%
500	Cardiology	131	1	1	100%	94%
501	Orthopedics	131	1	1	100%	94%
502	FP Medicine	131	1	1	100%	95%
503	Cardio/Thoracic Surg	132	1	1	100%	95%
504	Internal Medicine	134	1	1	100%	95%
505	General Surgery	134	1	1	100%	95%

506	Otorhinolaryngology	134	1	1	100%	95%
507	Cardiology	135	1	1	100%	95%
508	Nephrology	141	1	1	100%	95%
509	Peripheral Vas Surg	143	1	1	100%	95%
510	Surgical ICU	144	1	1	100%	95%
511	Peripheral Vas Surg	145	1	1	100%	95%
512	Orthopedics	149	1	1	100%	95%
513	Internal Medicine	152	1	1	100%	95%
514	Cardiology	154	1	1	100%	95%
515	Surgical ICU	154	1	1	100%	95%
516	Peripheral Vas Surg	162	1	1	100%	95%
517	Gastroenterology	170	1	1	100%	95%
518	Gynecology	172	1	1	100%	95%
519	Cardio/Thoracic Surg	173	1	1	100%	96%
520	Internal Medicine	180	1	1	100%	96%
521	FP Surgery	180	1	1	100%	96%
522	Medical ICU	182	1	1	100%	96%
523	Psychiatry	182	1	1	100%	96%
524	Otorhinolaryngology	183	1	1	100%	96%
525	Internal Medicine	200	1	1	100%	96%
526	Cardiology	203	1	1	100%	96%
527	Oncology	203	1	1	100%	96%
528	Gastroenterology	204	1	1	100%	96%
529	Internal Medicine	210	1	1	100%	96%
530	Internal Medicine	214	1	1	100%	96%
531	Rheumatology	217	1	1	100%	96%
532	Infectious Disease	217	1	1	100%	96%
533	Urology	234	1	1	100%	96%
534	Coronary Care Unit	236	1	1	100%	96%
535	Hematology	239	1	1	100%	96%
536	Neurosurgery	239	1	1	100%	96%
537	FP Orthopedics	239	1	1	100%	97%
538	Cardiology	241	1	1	100%	97%
539	Rheumatology	241	1	1	100%	97%
540	**Internal Medicine**	**242**	**1**	1	100%	97%
541	Oncology	243	1	1	100%	97%
542	Psychiatry	244	1	1	100%	97%
543	General Surgery	245	1	1	100%	97%
544	Internal Medicine	254	1	1	100%	97%
545	FP Medicine	256	1	1	100%	97%
546	Surgical ICU	259	1	1	100%	97%
547	Otorhinolaryngology	265	1	1	100%	97%
548	Gynecology	265	1	1	100%	97%
549	Peripheral Vas Surg	269	1	1	100%	97%
550	Orthopedics	283	1	1	100%	97%
551	Coronary Care Unit	285	1	1	100%	97%
552	Cardiology	296	1	1	100%	97%
553	Oncology	296	1	1	100%	97%
554	Rheumatology	296	1	1	100%	97%
555	General Surgery	296	1	1	100%	98%
556	Medical ICU	297	1	1	100%	98%
557	Internal Medicine	304	1	1	100%	98%
558	Cardiology	316	1	1	100%	98%
559	Oncology	316	1	1	100%	98%
560	Surgical ICU	320	1	1	100%	98%
561	General Surgery	323	1	1	100%	98%
562	Medical ICU	331	1	1	100%	98%
563	Peripheral Vas Surg	331	1	1	100%	98%
564	Oncology	346	1	1	100%	98%
565	Urology	348	1	1	100%	98%
566	Podiatry	360	1	1	100%	98%
567	Gastroenterology	395	1	1	100%	98%
568	Cardiology	403	1	1	100%	98%
569	Oncology	408	1	1	100%	98%
570	Plastic Surgery	408	1	1	100%	98%
571	Otorhinolaryngology	413	1	1	100%	98%
572	FP Medicine	413	1	1	100%	99%
573	Gynecology	414	1	1	100%	99%
574	FP Surgery	415	1	1	100%	99%
575	FP Medicine	416	1	1	100%	99%
576	Oncology	419	1	1	100%	99%
577	Cardio/Thoracic Surg	419	1	1	100%	99%
578	Cardiology	421	1	1	100%	99%
579	Cardiology	432	1	1	100%	99%
580	Medical ICU	447	1	1	100%	99%
581	Cardiology	449	1	1	100%	99%
582	Nephrology	449	1	1	100%	99%
583	Gastroenterology	452	1	1	100%	99%
584	Peripheral Vas Surg	452	1	1	100%	99%
585	Peripheral Vas Surg	453	1	1	100%	99%
586	Cardiology	463	1	1	100%	99%
587	General Surgery	463	1	1	100%	99%
588	Orthopedics	463	1	1	100%	99%
589	Gastroenterology	464	1	1	100%	99%
590	Cardiology	466	1	1	100%	100%
591	Cardio/Thoracic Surg	467	1	1	100%	100%
592	General Surgery	473	1	1	100%	100%
593	Cardiology	475	1	1	100%	100%
594	Cardiology	476	1	1	100%	100%
595	Urology	476	1	1	100%	100%
596	Internal Medicine	479	1	1	100%	100%
597	Oncology	482	1	1	100%	100%
598	Urology	493	1	1	0%	100%
599	Cardiology	130	0	2	#DIV/0!	100%
600	Peripheral Vas Surg	108	0	0	#DIV/0!	100%
601	Internal Medicine	176			18%	100%
	TOTAL		**1759**	**10003**		

Source: Standard Inpatient Data Record

APPENDIX 2
TRIPLER ARMY MEDICAL CENTER
FISCAL YEAR 1994 DISPOSITIONS

	CLINIC	DRG	MEDICARE ELIGIBLE PTS	TOTAL DISPOSITIONS	PERCENTAGE OF DRG	CUMULATIVE PERCENTAGE
1	Internal Medicine	88	43	72	59.72%	2%
2	Cardiology	143	40	87	45.98%	5%
3	Ophthalmology	39	38	71	53.52%	7%
4	Internal Medicine	89	35	44	79.55%	9%
5	Psychiatry	430	35	377	9.28%	11%
6	Gastroenterology	183	32	149	21.48%	13%
7	Cardiology	125	31	128	24.22%	14%
8	Gastroenterology	189	28	75	37.33%	16%
9	Internal Medicine	127	18	22	81.82%	17%
10	Cardiology	140	18	34	52.94%	18%
11	General Surgery	260	17	45	37.78%	19%
12	General Surgery	262	17	210	8.10%	20%
13	Oncology	410	17	37	45.95%	21%
14	Cardiology	139	16	36	44.44%	22%
15	General Surgery	148	15	37	40.54%	23%
16	General Surgery	162	15	190	7.89%	23%
17	Internal Medicine	296	15	22	68.18%	24%
18	Urology	337	15	28	53.57%	25%
19	Internal Medicine	14	14	25	56.00%	26%
20	Cardiology	138	14	26	53.85%	27%
21	Internal Medicine	277	14	24	58.33%	28%
22	Gastroenterology	467	14	38	36.84%	28%
23	Cardiology	112	13	44	29.55%	29%
24	Psychiatry	901	13	236	5.51%	30%
25	Cardio/Thoracic Surg	106	12	29	41.38%	30%
26	Coronary Care Unit	143	12	62	19.35%	31%
27	Urology	311	12	31	38.71%	32%
28	Ophthalmology	40	11	37	29.73%	32%
29	Cardiology	124	11	31	35.48%	33%
30	Cardiology	127	11	21	52.38%	34%
31	Internal Medicine	138	11	18	61.11%	34%
32	General Surgery	149	11	29	37.93%	35%
33	Internal Medicine	174	11	31	35.48%	36%
34	General Surgery	183	11	104	10.58%	36%
35	Orthopedics	222	11	319	3.45%	37%
36	Coronary Care Unit	140	10	12	83.33%	37%
37	Internal Medicine	320	10	17	58.82%	38%
38	General Surgery	181	9	21	42.86%	38%
39	Internal Medicine	182	9	22	40.91%	39%
40	General Surgery	494	9	136	6.62%	39%
41	Internal Medicine	144	8	13	61.54%	40%
42	Orthopedics	209	8	32	25.00%	40%
43	Internal Medicine	294	8	21	38.10%	41%
44	Gynecology	360	8	97	8.25%	41%
45	Gynecology	364	8	53	15.09%	42%
46	Otorhinolaryngology	53	7	53	13.21%	42%
47	Internal Medicine	82	7	13	53.85%	42%
48	Internal Medicine	116	7	8	87.50%	43%
49	Internal Medicine	130	7	11	63.64%	43%
50	Cardiology	132	7	13	53.85%	44%
51	Internal Medicine	142	7	10	70.00%	44%
52	Internal Medicine	331	7	13	53.85%	44%
53	Urology	336	7	8	87.50%	45%
54	Gynecology	359	7	271	2.58%	45%
55	Peripheral Vas Surg	478	7	11	63.64%	46%
56	Otorhinolaryngology	55	6	96	6.25%	46%
57	Otorhinolaryngology	73	6	41	14.63%	46%
58	FP Medicine	89	6	12	50.00%	47%
59	Cardiology	122	6	20	30.00%	47%
60	Internal Medicine	139	6	27	22.22%	47%
61	Coronary Care Unit	139	6	16	37.50%	48%
62	Internal Medicine	141	6	13	46.15%	48%
63	Internal Medicine	143	6	16	37.50%	48%
64	Internal Medicine	205	6	10	60.00%	49%
65	Gastroenterology	208	6	9	66.67%	49%
66	General Surgery	258	6	15	40.00%	49%
67	Urology	335	6	15	40.00%	50%
68	Internal Medicine	398	6	13	46.15%	50%
69	Internal Medicine	15	5	8	62.50%	50%
70	Peripheral Vas Surg	15	5	6	83.33%	51%
71	Internal Medicine	79	5	9	55.56%	51%
72	Internal Medicine	97	5	21	23.81%	51%
73	Peripheral Vas Surg	111	5	7	71.43%	51%
74	Cardiology	118	5	5	100.00%	52%
75	Internal Medicine	134	5	7	71.43%	52%
76	General Surgery	154	5	10	50.00%	52%
77	General Surgery	158	5	81	6.17%	53%
78	Internal Medicine	172	5	9	55.56%	53%
79	Internal Medicine	175	5	20	25.00%	53%
80	Orthopedics	231	5	205	2.44%	53%
81	General Surgery	257	5	14	35.71%	54%
82	Otorhinolaryngology	270	5	25	20.00%	54%
83	Internal Medicine	316	5	8	62.50%	54%
84	Urology	338	5	8	62.50%	55%
85	Urology	339	5	79	6.33%	55%
86	Internal Medicine	449	5	11	45.45%	55%
87	Peripheral Vas Surg	5	4	6	66.67%	55%
88	Internal Medicine	12	4	5	80.00%	56%
89	Cardio/Thoracic Surg	75	4	26	15.38%	56%
90	Oncology	82	4	8	50.00%	56%
91	Internal Medicine	85	4	6	66.67%	56%
92	Cardiology	89	4	7	57.14%	56%
93	Internal Medicine	96	4	13	30.77%	57%
94	Peripheral Vas Surg	110	4	9	44.44%	57%
95	Coronary Care Unit	124	4	10	40.00%	57%
96	Internal Medicine	125	4	14	28.57%	57%

97	Peripheral Vas Surg	130	4	7	57.14%	58%
98	Cardiology	144	4	7	57.14%	58%
99	Otorhinolaryngology	169	4	8	50.00%	58%
100	Gastroenterology	174	4	9	44.44%	58%
101	Internal Medicine	202	4	7	57.14%	59%
102	Internal Medicine	204	4	17	23.53%	59%
103	Orthopedics	270	4	15	26.67%	59%
104	Urology	303	4	12	33.33%	59%
105	Internal Medicine	321	4	15	26.67%	59%
106	Urology	332	4	13	30.77%	60%
107	Internal Medicine	395	4	29	13.79%	60%
108	Internal Medicine	403	4	7	57.14%	60%
109	Gynecology	410	4	6	66.67%	60%
110	Internal Medicine	416	4	8	50.00%	61%
111	Internal Medicine	434	4	16	25.00%	61%
112	Internal Medicine	463	4	6	66.67%	61%
113	Gastroenterology	465	4	5	80.00%	61%
114	Neurosurgery	1	3	17	17.65%	61%
115	Internal Medicine	10	3	4	75.00%	62%
116	Internal Medicine	24	3	19	15.79%	62%
117	Internal Medicine	34	3	4	75.00%	62%
118	Internal Medicine	65	3	6	50.00%	62%
119	Cardiology	88	3	8	37.50%	62%
120	FP Medicine	88	3	3	100.00%	62%
121	Internal Medicine	99	3	3	100.00%	63%
122	Cardio/Thoracic Surg	107	3	10	30.00%	63%
123	Coronary Care Unit	116	3	3	100.00%	63%
124	Cardiology	121	3	4	75.00%	63%
125	Coronary Care Unit	125	3	21	14.29%	63%
126	Coronary Care Unit	127	3	5	60.00%	63%
127	Internal Medicine	131	3	11	27.27%	64%
128	Peripheral Vas Surg	131	3	15	20.00%	64%
129	Internal Medicine	132	3	6	50.00%	64%
130	General Surgery	160	3	47	6.38%	64%
131	Gastroenterology	175	3	7	42.86%	64%
132	Internal Medicine	178	3	5	60.00%	64%
133	Gastroenterology	178	3	12	25.00%	65%
134	General Surgery	180	3	3	100.00%	65%
135	General Surgery	182	3	12	25.00%	65%
136	Otorhinolaryngology	183	3	4	75.00%	65%
137	General Surgery	197	3	11	27.27%	65%
138	General Surgery	198	3	16	18.75%	65%
139	Orthopedics	211	3	21	14.29%	66%
140	Orthopedics	219	3	103	2.91%	66%
141	Orthopedics	221	3	7	42.86%	66%
142	Orthopedics	234	3	32	9.38%	66%
143	Internal Medicine	243	3	7	42.86%	66%
144	Orthopedics	243	3	23	13.04%	66%
145	Orthopedics	247	3	6	50.00%	67%
146	General Surgery	270	3	62	4.84%	67%
147	General Surgery	276	3	19	15.79%	67%
148	Internal Medicine	297	3	6	50.00%	67%
149	Urology	309	3	11	27.27%	67%
150	Internal Medicine	315	3	6	50.00%	68%
151	Peripheral Vas Surg	315	3	5	60.00%	68%
152	Urology	324	3	27	11.11%	68%
153	Nephrology	332	3	17	17.65%	68%
154	Urology	345	3	5	60.00%	68%
155	Urology	350	3	29	10.34%	68%
156	Gynecology	356	3	15	20.00%	69%
157	Gynecology	365	3	9	33.33%	69%
158	Gastroenterology	395	3	8	37.50%	69%
159	Urology	408	3	4	75.00%	69%
160	Internal Medicine	410	3	13	23.08%	69%
161	Psychiatry	427	3	218	1.38%	69%
162	Internal Medicine	429	3	5	60.00%	70%
163	Internal Medicine	430	3	4	75.00%	70%
164	Urology	461	3	6	50.00%	70%
165	General Surgery	468	3	12	25.00%	70%
166	Internal Medicine	475	3	8	37.50%	70%
167	Medical ICU	475	3	5	60.00%	70%
168	General Surgery	478	3	8	37.50%	71%
169	Otorhinolaryngology	482	3	13	23.08%	71%
170	Surgical ICU	483	3	3	100.00%	71%
171	Neurosurgery	6	2	5	40.00%	71%
172	Medical ICU	14	2	4	50.00%	71%
173	Internal Medicine	23	2	3	66.67%	71%
174	Otorhinolaryngology	40	2	9	22.22%	71%
175	Internal Medicine	76	2	7	28.57%	71%
176	Pulmonary/URD	76	2	3	66.67%	72%
177	Pulmonary/URD	82	2	3	66.67%	72%
178	Internal Medicine	90	2	10	20.00%	72%
179	FP Medicine	90	2	13	15.38%	72%
180	Internal Medicine	92	2	2	100.00%	72%
181	Pulmonary/URD	92	2	1	200.00%	72%
182	Cardiology	99	2	2	100.00%	72%
183	Internal Medicine	101	2	4	50.00%	72%
184	Cardio/Thoracic Surg	105	2	16	12.50%	72%
185	Nephrology	120	2	3	66.67%	73%
186	Coronary Care Unit	122	2	4	50.00%	73%
187	General Surgery	130	2	5	40.00%	73%
188	Cardiology	133	2	5	40.00%	73%
189	Cardiology	135	2	4	50.00%	73%
190	Coronary Care Unit	135	2	2	100.00%	73%
191	Medical ICU	138	2	2	100.00%	73%
192	General Surgery	150	2	3	66.67%	73%
193	General Surgery	155	2	13	15.38%	74%
194	General Surgery	166	2	10	20.00%	74%
195	General Surgery	172	2	3	66.67%	74%
196	Gastroenterology	173	2	6	33.33%	74%
197	General Surgery	173	2	6	33.33%	74%
198	Internal Medicine	176	2	2	100.00%	74%
199	Internal Medicine	177	2	4	50.00%	74%

200	Gastroenterology	177	2	2	100.00%	74%
201	Internal Medicine	180	2	2	100.00%	74%
202	Gynecology	180	2	2	100.00%	75%
203	Gastroenterology	182	2	10	20.00%	75%
204	Internal Medicine	183	2	15	13.33%	75%
205	Internal Medicine	188	2	6	33.33%	75%
206	Gastroenterology	203	2	3	66.67%	75%
207	General Surgery	204	2	11	18.18%	75%
208	Psychiatry	204	2	2	100.00%	75%
209	Internal Medicine	207	2	5	40.00%	75%
210	Gastroenterology	207	2	3	66.67%	75%
211	Peripheral Vas Surg	213	2	2	100.00%	76%
212	Neurosurgery	214	2	11	18.18%	76%
213	Orthopedics	224	2	69	2.90%	76%
214	Podiatry	225	2	85	2.35%	76%
215	Orthopedics	229	2	121	1.65%	76%
216	Orthopedics	236	2	6	33.33%	76%
217	Internal Medicine	240	2	6	33.33%	76%
218	FP Medicine	243	2	5	40.00%	76%
219	Orthopedics	248	2	14	14.29%	76%
220	Otorhinolaryngology	266	2	8	25.00%	77%
221	Otorhinolaryngology	268	2	34	5.88%	77%
222	Plastic Surgery	268	2	49	4.08%	77%
223	General Surgery	278	2	14	14.29%	77%
224	General Surgery	290	2	19	10.53%	77%
225	Urology	305	2	43	4.65%	77%
226	Urology	308	2	4	50.00%	77%
227	Nephrology	315	2	3	66.67%	77%
228	Nephrology	316	2	2	100.00%	77%
229	Urology	320	2	5	40.00%	78%
230	Urology	323	2	49	4.08%	78%
231	Urology	326	2	5	40.00%	78%
232	Urology	331	2	3	66.67%	78%
233	Internal Medicine	332	2	8	25.00%	78%
234	Cardiology	332	2	2	100.00%	78%
235	Urology	334	2	5	40.00%	78%
236	Urology	347	2	4	50.00%	78%
237	Gynecology	358	2	63	3.17%	78%
238	General Surgery	367	2	2	100.00%	79%
239	Gynecology	367	2	12	16.67%	79%
240	Cardio/Thoracic Surg	394	2	4	50.00%	79%
241	Oncology	398	2	5	40.00%	79%
242	Otorhinolaryngology	407	2	2	100.00%	79%
243	Cardio/Thoracic Surg	418	2	2	100.00%	79%
244	Internal Medicine	423	2	8	25.00%	79%
245	Psychiatry	426	2	233	0.86%	79%
246	Psychiatry	433	2	29	6.90%	79%
247	Psychiatry	434	2	60	3.33%	80%
248	Orthopedics	445	2	5	40.00%	80%
249	Internal Medicine	447	2	3	66.67%	80%
250	Internal Medicine	450	2	8	25.00%	80%
251	General Surgery	452	2	6	33.33%	80%
252	General Surgery	453	2	8	25.00%	80%
253	General Surgery	461	2	8	25.00%	80%
254	Internal Medicine	467	2	6	33.33%	80%
255	Neurosurgery	468	2	11	18.18%	81%
256	Cardiology	475	2	2	100.00%	81%
257	Urology	477	2	6	33.33%	81%
258	Internal Medicine	478	2	2	100.00%	81%
259	Cardiology	478	2	4	50.00%	81%
260	General Surgery	479	2	8	25.00%	81%
261	Peripheral Vas Surg	479	2	5	40.00%	81%
262	Medical ICU	483	2	3	66.67%	81%
263	Internal Medicine	489	2	7	28.57%	81%
264	Infectious Disease	489	2	9	22.22%	82%
265	Internal Medicine	901	2	5	40.00%	82%
266	Subst Abuse Rehab	901	2	85	2.35%	82%
267	Surgical ICU	2	1	1	100.00%	82%
268	Neurosurgery	2	1	3	33.33%	82%
269	General Surgery	5	1	2	50.00%	82%
270	Orthopedics	6	1	51	1.96%	82%
271	Internal Medicine	13	1	4	25.00%	82%
272	General Surgery	13	1	1	100.00%	82%
273	Cardiology	14	1	1	100.00%	82%
274	General Surgery	15	1	3	33.33%	82%
275	FP Medicine	15	1	1	100.00%	82%
276	Internal Medicine	17	1	3	33.33%	82%
277	Nephrology	18	1	1	100.00%	82%
278	Internal Medicine	19	1	2	50.00%	82%
279	General Surgery	19	1	1	100.00%	82%
280	FP Medicine	19	1	1	100.00%	83%
281	FP Medicine	24	1	4	25.00%	83%
282	Internal Medicine	25	1	15	6.67%	83%
283	FP Medicine	25	1	17	5.88%	83%
284	Internal Medicine	28	1	1	100.00%	83%
285	Neurosurgery	28	1	4	25.00%	83%
286	FP Medicine	35	1	2	50.00%	83%
287	Ophthalmology	42	1	4	25.00%	83%
288	Otorhinolaryngology	49	1	6	16.67%	83%
289	Otorhinolaryngology	50	1	8	12.50%	83%
290	Otorhinolaryngology	57	1	38	2.63%	83%
291	Neurosurgery	64	1	1	100.00%	83%
292	Cardiology	65	1	1	100.00%	83%
293	Internal Medicine	68	1	2	50.00%	83%
294	Internal Medicine	69	1	4	25.00%	83%
295	Internal Medicine	73	1	0	#DIV/0!	83%
296	Internal Medicine	75	1	2	50.00%	83%
297	General Surgery	75	1	2	50.00%	84%
298	Cardiology	76	1	1	100.00%	84%
299	General Surgery	77	1	2	50.00%	84%
300	Internal Medicine	78	1	4	25.00%	84%
301	FP Medicine	79	1	1	100.00%	84%
302	Pulmonary/URD	80	1	1	100.00%	84%

303	**FP Medicine**	82	1		#DIV/0!	84%
304	General Surgery	84	1	2	50.00%	84%
305	Oncology	85	1	1	100.00%	84%
306	Pulmonary/URD	85	1	1	100.00%	84%
307	Internal Medicine	87	1	1	100.00%	84%
308	Cardiology	87	1	1	100.00%	84%
309	Nephrology	88	1	1	100.00%	84%
310	Nephrology	89	1	1	100.00%	84%
311	Pulmonary/URD	89	1	1	100.00%	84%
312	Psychiatry	89	1	1	100.00%	84%
313	Cardiology	90	1	1	100.00%	84%
314	Otorhinolaryngology	90	1	1	100.00%	84%
315	Oncology	92	1	1	100.00%	85%
316	Internal Medicine	94	1	1	100.00%	85%
317	Cardio/Thoracic Surg	95	1	15	6.67%	85%
318	Cardiology	97	1	1	100.00%	85%
319	FP Medicine	97	1	1	100.00%	85%
320	FP Surgery	97	1	13	7.69%	85%
321	Coronary Care Unit	99	1	1	100.00%	85%
322	Cardiology	101	1	1	100.00%	85%
323	Cardio/Thoracic Surg	101	1	1	100.00%	85%
324	Peripheral Vas Surg	108	1	1	100.00%	85%
325	Cardiology	110	1	2	50.00%	85%
326	General Surgery	111	1	1	100.00%	85%
327	Coronary Care Unit	112	1	11	9.09%	85%
328	Nephrology	112	1	1	100.00%	85%
329	Peripheral Vas Surg	113	1	1	100.00%	85%
330	Orthopedics	114	1	1	100.00%	85%
331	Cardiology	116	1	1	100.00%	85%
332	Cardio/Thoracic Surg	117	1	1	100.00%	85%
333	FP Medicine	117	1	1	100.00%	86%
334	Internal Medicine	118	1	1	100.00%	86%
335	General Surgery	120	1	1	100.00%	86%
336	Coronary Care Unit	121	1	1	100.00%	86%
337	General Surgery	122	1	1	100.00%	86%
338	Coronary Care Unit	123	1	1	100.00%	86%
339	Internal Medicine	124	1	3	33.33%	86%
340	Nephrology	124	1	1	100.00%	86%
341	Medical ICU	125	1	1	100.00%	86%
342	Cardio/Thoracic Surg	125	1	9	11.11%	86%
343	FP Medicine	125	1	1	100.00%	86%
344	FP Orthopedics	128	1	1	100.00%	86%
345	Cardiology	130	1	1	100.00%	86%
346	Nephrology	130	1	1	100.00%	86%
347	FP Medicine	130	1	1	100.00%	86%
348	Cardiology	131	1	1	100.00%	86%
349	General Surgery	131	1	5	20.00%	86%
350	Coronary Care Unit	132	1	3	33.33%	86%
351	Cardio/Thoracic Surg	134	1	1	100.00%	87%
352	FP Medicine	134	1	2	50.00%	87%
353	Internal Medicine	135	1	4	25.00%	87%
354	Coronary Care Unit	138	1	2	50.00%	87%
355	FP Medicine	138	1	2	50.00%	87%
356	General Surgery	139	1	2	50.00%	87%
357	Cardiology	141	1	2	50.00%	87%
358	Medical ICU	143	1	2	50.00%	87%
359	Coronary Care Unit	144	1	1	100.00%	87%
360	Internal Medicine	145	1	4	25.00%	87%
361	General Surgery	145	1	6	16.67%	87%
362	Peripheral Vas Surg	145	1	2	50.00%	87%
363	General Surgery	146	1	3	33.33%	87%
364	General Surgery	147	1	2	50.00%	87%
365	Cardio/Thoracic Surg	148	1	1	100.00%	87%
366	Surgical ICU	148	1	1	100.00%	87%
367	Gynecology	148	1	1	100.00%	87%
368	Otorhinolaryngology	154	1	1	100.00%	88%
369	Cardio/Thoracic Surg	155	1	2	50.00%	88%
370	General Surgery	157	1	7	14.29%	88%
371	General Surgery	161	1	2	50.00%	88%
372	Otorhinolaryngology	168	1	1	100.00%	88%
373	General Surgery	170	1	4	25.00%	88%
374	General Surgery	171	1	6	16.67%	88%
375	Gastroenterology	172	1	1	100.00%	88%
376	Oncology	172	1	3	33.33%	88%
377	Cardiology	174	1	2	50.00%	88%
378	General Surgery	174	1	2	50.00%	88%
379	General Surgery	175	1	1	100.00%	88%
380	FP Medicine	177	1	1	100.00%	88%
381	Gastroenterology	180	1	2	50.00%	88%
382	FP Surgery	180	1	1	100.00%	88%
383	Cardio/Thoracic Surg	182	1	1	100.00%	88%
384	FP Medicine	182	1	22	4.55%	88%
385	Otorhinolaryngology	185	1	4	25.00%	88%
386	Oral Surgery	187	1	182	0.55%	89%
387	Gastroenterology	188	1	1	100.00%	89%
388	Otorhinolaryngology	188	1	3	33.33%	89%
389	Internal Medicine	191	1	2	50.00%	89%
390	General Surgery	191	1	6	16.67%	89%
391	General Surgery	196	1	1	100.00%	89%
392	Peripheral Vas Surg	198	1	1	100.00%	89%
393	Endocrinology	202	1	1	100.00%	89%
394	Gastroenterology	202	1	4	25.00%	89%
395	General Surgery	202	1	1	100.00%	89%
396	Oncology	203	1	1	100.00%	89%
397	Medical ICU	204	1	1	100.00%	89%
398	Gastroenterology	206	1	13	7.69%	89%
399	General Surgery	207	1	4	25.00%	89%
400	Internal Medicine	208	1	2	50.00%	89%
401	General Surgery	208	1	15	6.67%	89%
402	Endocrinology	209	1	1	100.00%	89%
403	Orthopedics	210	1	10	10.00%	89%
404	Internal Medicine	214	1	1	100.00%	90%
405	Orthopedics	214	1	9	11.11%	90%

406	Neurosurgery	215	1	88	1.14%	90%
407	Orthopedics	215	1	30	3.33%	90%
408	General Surgery	217	1	3	33.33%	90%
409	Otorhinolaryngology	217	1	1	100.00%	90%
410	Orthopedics	218	1	4	25.00%	90%
411	Internal Medicine	222	1	1	100.00%	90%
412	Orthopedics	223	1	19	5.26%	90%
413	General Surgery	225	1	1	100.00%	90%
414	Peripheral Vas Surg	225	1	1	100.00%	90%
415	Orthopedics	225	1	71	1.41%	90%
416	Orthopedics	227	1	53	1.89%	90%
417	Podiatry	228	1	1	100.00%	90%
418	Neurosurgery	231	1	1	100.00%	90%
419	Urology	234	1	1	100.00%	90%
420	Internal Medicine	237	1	1	100.00%	90%
421	Orthopedics	237	1	1	100.00%	91%
422	Gastroenterology	238	1	1	100.00%	91%
423	Internal Medicine	239	1	2	50.00%	91%
424	General Surgery	239	1	1	100.00%	91%
425	Otorhinolaryngology	239	1	1	100.00%	91%
426	Peripheral Vas Surg	239	1	1	100.00%	91%
427	Gynecology	239	1	1	100.00%	91%
428	Orthopedics	239	1	1	100.00%	91%
429	FP Medicine	239	1	1	100.00%	91%
430	Orthopedics	242	1	5	20.00%	91%
431	FP Orthopedics	243	1	4	25.00%	91%
432	Endocrinology	245	1	1	100.00%	91%
433	**General Surgery**	**245**	**1**	**0**	#DIV/0!	91%
434	Orthopedics	245	1	2	50.00%	91%
435	Internal Medicine	248	1	3	33.33%	91%
436	General Surgery	249	1	2	50.00%	91%
437	Orthopedics	250	1	1	100.00%	91%
438	Orthopedics	254	1	18	5.56%	91%
439	Cardiology	256	1	3	33.33%	92%
440	General Surgery	256	1	3	33.33%	92%
441	General Surgery	261	1	29	3.45%	92%
442	Plastic Surgery	261	1	45	2.22%	92%
443	General Surgery	266	1	2	50.00%	92%
444	General Surgery	267	1	6	16.67%	92%
445	Ophthalmology	268	1	1	100.00%	92%
446	Cardio/Thoracic Surg	269	1	1	100.00%	92%
447	Orthopedics	269	1	2	50.00%	92%
448	Internal Medicine	270	1	1	100.00%	92%
449	Internal Medicine	271	1	1	100.00%	92%
450	General Surgery	271	1	2	50.00%	92%
451	Peripheral Vas Surg	271	1	1	100.00%	92%
452	Internal Medicine	272	1	3	33.33%	92%
453	Dermatology	273	1	1	100.00%	92%
454	Internal Medicine	274	1	3	33.33%	92%
455	Oncology	274	1	5	20.00%	92%
456	Peripheral Vas Surg	277	1	2	50.00%	92%
457	FP Medicine	277	1	4	25.00%	93%
458	Internal Medicine	278	1	11	9.09%	93%
459	Oncology	278	1	1	100.00%	93%
460	Otorhinolaryngology	278	1	2	50.00%	93%
461	Cardio/Thoracic Surg	280	1	1	100.00%	93%
462	Peripheral Vas Surg	280	1	1	100.00%	93%
463	Internal Medicine	283	1	1	100.00%	93%
464	Oncology	283	1	1	100.00%	93%
465	Cardio/Thoracic Surg	283	1	1	100.00%	93%
466	Internal Medicine	284	1	4	25.00%	93%
467	Oncology	284	1	1	100.00%	93%
468	Otorhinolaryngology	284	1	14	7.14%	93%
469	General Surgery	285	1	1	100.00%	93%
470	Peripheral Vas Surg	285	1	1	100.00%	93%
471	Orthopedics	287	1	1	100.00%	93%
472	Podiatry	287	1	1	100.00%	93%
473	Orthopedics	293	1	1	100.00%	93%
474	Gastroenterology	294	1	1	100.00%	94%
475	Nephrology	294	1	2	50.00%	94%
476	Pulmonary/URD	296	1	1	100.00%	94%
477	Coronary Care Unit	297	1	1	100.00%	94%
478	Gastroenterology	297	1	1	100.00%	94%
479	Internal Medicine	301	1	3	33.33%	94%
480	Urology	304	1	8	12.50%	94%
481	Urology	306	1	1	100.00%	94%
482	Urology	307	1	2	50.00%	94%
483	General Surgery	309	1	1	100.00%	94%
484	Internal Medicine	310	1	1	100.00%	94%
485	Urology	312	1	2	50.00%	94%
486	Cardiology	315	1	1	100.00%	94%
487	Urology	315	1	1	100.00%	94%
488	Medical ICU	316	1	1	100.00%	94%
489	Oncology	316	1	1	100.00%	94%
490	Cardio/Thoracic Surg	316	1	1	100.00%	94%
491	Urology	319	1	3	33.33%	94%
492	General Surgery	320	1	1	100.00%	95%
493	FP Medicine	320	1	11	9.09%	95%
494	Urology	321	1	6	16.67%	95%
495	Gynecology	321	1	3	33.33%	95%
496	FP Medicine	321	1	12	8.33%	95%
497	General Surgery	324	1	3	33.33%	95%
498	Internal Medicine	325	1	1	100.00%	95%
499	Urology	329	1	1	100.00%	95%
500	Endocrinology	331	1	1	100.00%	95%
501	Gastroenterology	331	1	1	100.00%	95%
502	Nephrology	331	1	5	20.00%	95%
503	Urology	341	1	23	4.35%	95%
504	Urology	344	1	3	33.33%	95%
505	Urology	348	1	2	50.00%	95%
506	Gynecology	357	1	4	25.00%	95%
507	Gynecology	361	1	136	0.74%	95%
508	Gynecology	363	1	21	4.76%	95%

509	Medical ICU	394	1	1	100.00%	95%
510	Urology	394	1	1	100.00%	96%
511	Gynecology	395	1	12	8.33%	96%
512	Internal Medicine	397	1	7	14.29%	96%
513	Cardiology	397	1	1	100.00%	96%
514	Medical ICU	400	1	1	100.00%	96%
515	General Surgery	400	1	2	50.00%	96%
516	Cardio/Thoracic Surg	400	1	1	100.00%	96%
517	Internal Medicine	401	1	1	100.00%	96%
518	Cardiology	401	1	1	100.00%	96%
519	Internal Medicine	402	1	2	50.00%	96%
520	Oncology	408	1	1	100.00%	96%
521	Otorhinolaryngology	408	1	1	100.00%	96%
522	Gynecology	408	1	4	25.00%	96%
523	General Surgery	409	1	5	20.00%	96%
524	Endocrinology	410	1	1	100.00%	96%
525	General Surgery	410	1	4	25.00%	96%
526	General Surgery	411	1	3	33.33%	96%
527	Pulmonary/URD	412	1	1	100.00%	96%
528	General Surgery	414	1	1	100.00%	97%
529	Otorhinolaryngology	414	1	3	33.33%	97%
530	Gynecology	414	1	1	100.00%	97%
531	Internal Medicine	415	1	3	33.33%	97%
532	Nephrology	415	1	2	50.00%	97%
533	Cardio/Thoracic Surg	415	1	2	50.00%	97%
534	Neurosurgery	415	1	2	50.00%	97%
535	Peripheral Vas Surg	415	1	2	50.00%	97%
536	Medical ICU	416	1	2	50.00%	97%
537	Nephrology	416	1	2	50.00%	97%
538	Internal Medicine	418	1	2	50.00%	97%
539	General Surgery	418	1	6	16.67%	97%
540	Orthopedics	418	1	8	12.50%	97%
541	Internal Medicine	419	1	5	20.00%	97%
542	Internal Medicine	420	1	7	14.29%	97%
543	Internal Medicine	424	1	1	100.00%	97%
544	Cardiology	425	1	2	50.00%	97%
545	Cardiology	429	1	1	100.00%	98%
546	Pulmonary/URD	429	1	1	100.00%	98%
547	Psychiatry	429	1	4	25.00%	98%
548	Gastroenterology	434	1	1	100.00%	98%
549	Subst Abuse Rehab	436	1	4	25.00%	98%
550	General Surgery	442	1	2	50.00%	98%
551	General Surgery	443	1	6	16.67%	98%
552	Ophthalmology	443	1	3	33.33%	98%
553	Orthopedics	443	1	8	12.50%	98%
554	General Surgery	444	1	5	20.00%	98%
555	General Surgery	445	1	9	11.11%	98%
556	**Ophthalmology**	447	1	0	#DIV/0!	98%
557	Psychiatry	449	1	8	12.50%	98%
558	Internal Medicine	452	1	3	33.33%	98%
559	Nephrology	452	1	1	100.00%	98%
560	Urology	452	1	1	100.00%	98%
561	Peripheral Vas Surg	452	1	1	100.00%	98%
562	Gynecology	452	1	2	50.00%	98%
563	Internal Medicine	453	1	2	50.00%	99%
564	Gastroenterology	453	1	3	33.33%	99%
565	Urology	453	1	3	33.33%	99%
566	Internal Medicine	454	1	5	20.00%	99%
567	General Surgery	454	1	9	11.11%	99%
568	General Surgery	460	1	5	20.00%	99%
569	Nephrology	461	1	1	100.00%	99%
570	Gynecology	461	1	15	6.67%	99%
571	FP Medicine	463	1	1	100.00%	99%
572	Internal Medicine	464	1	1	100.00%	99%
573	Cardiology	467	1	2	50.00%	99%
574	Cardiology	468	1	2	50.00%	99%
575	Cardio/Thoracic Surg	468	1	4	25.00%	99%
576	Peripheral Vas Surg	468	1	2	50.00%	99%
577	Internal Medicine	473	1	5	20.00%	99%
578	Cardiology	477	1	1	100.00%	99%
579	Pulmonary/URD	477	1	1	100.00%	99%
580	General Surgery	477	1	5	20.00%	99%
581	Internal Medicine	479	1	2	50.00%	100%
582	Cardiology	479	1	2	50.00%	100%
583	Internal Medicine	483	1	2	50.00%	100%
584	Cardio/Thoracic Surg	483	1	4	25.00%	100%
585	Otorhinolaryngology	483	1	1	100.00%	100%
586	Urology	483	1	1	100.00%	100%
587	Peripheral Vas Surg	483	1	1	100.00%	100%
588	Neurosurgery	484	1	2	50.00%	100%
589	General Surgery	493	1	19	5.26%	100%
590	Surgical ICU	1	0	1	0.00%	100%
591	Orthopedics	4	0	3	0.00%	100%
592	Surgical ICU	5	0	0	#DIV/0!	100%
593	Internal Medicine	7	0	1	0.00%	100%
594	Podiatry	8	0	5	0.00%	100%
595	FP Medicine	12	0	1	0.00%	100%
596	Neurosurgery	14	0	5	0.00%	100%
597	FP Medicine	14	0	1	0.00%	100%
598	Cardiology	15	0	0	#DIV/0!	100%
599	Neurosurgery	17	0	0	#DIV/0!	100%
600	Internal Medicine	18	0	1	0.00%	100%
601	Orthopedics	19	0	1	0.00%	100%
602	Internal Medicine	20	0	2	0.00%	100%
603	Neurology	24	0	0	#DIV/0!	100%
604	Cardiology	25	0	0	#DIV/0!	100%
605	Neurosurgery	29	0	3	0.00%	100%
606	Internal Medicine	35	0	1	0.00%	100%
607	Nephrology	35	0	0	#DIV/0!	100%
608	Ophthalmology	36	0	10	0.00%	100%
609	Gynecology	36	0	0	#DIV/0!	100%
610	Internal Medicine	39	0	0	#DIV/0!	100%
611	Plastic Surgery	40	0	0	#DIV/0!	100%

612	Internal Medicine	45	0	0	#DIV/0!	100%
613	Infectious Disease	46	0	1	0.00%	100%
614	Infectious Disease	47	0	0	#DIV/0!	100%
615	Ophthalmology	47	0	6	0.00%	100%
616	Otorhinolaryngology	56	0	161	0.00%	100%
617	Otorhinolaryngology	61	0	6	0.00%	100%
618	General Surgery	63	0	0	#DIV/0!	100%
619	Otorhinolaryngology	63	0	16	0.00%	100%
620	Internal Medicine	64	0	2	0.00%	100%
621	Otorhinolaryngology	64	0	3	0.00%	100%
622	FP Medicine	65	0	0	#DIV/0!	100%
623	Internal Medicine	66	0	0	#DIV/0!	100%
624	Medical ICU	66	0	0	#DIV/0!	100%
625	Otorhinolaryngology	66	0	3	0.00%	100%
626	Cardiology	68	0	0	#DIV/0!	100%
627	Nephrology	69	0	0	#DIV/0!	100%
628	Pulmonary/URD	69	0	0	#DIV/0!	100%
629	Endocrinology	73	0	0	#DIV/0!	100%
630	Cardiology	75	0	3	0.00%	100%
631	Cardio/Thoracic Surg	76	0	3	0.00%	100%
632	Pulmonary/URD	77	0	0	#DIV/0!	100%
633	Cardiology	78	0	0	#DIV/0!	100%
634	Cardiology	79	0	0	#DIV/0!	100%
635	Internal Medicine	80	0	3	0.00%	100%
636	Internal Medicine	86	0	2	0.00%	100%
637	Cardio/Thoracic Surg	86	0	0	#DIV/0!	100%
638	Medical ICU	87	0	0	#DIV/0!	100%
639	Medical ICU	88	0	0	#DIV/0!	100%
640	Pulmonary/URD	88	0	4	0.00%	100%
641	General Surgery	88	0	0	#DIV/0!	100%
642	Otorhinolaryngology	88	0	0	#DIV/0!	100%
643	General Surgery	89	0	0	#DIV/0!	100%
644	Internal Medicine	93	0	0	#DIV/0!	100%
645	Cardio/Thoracic Surg	94	0	1	0.00%	100%
646	FP Medicine	96	0	7	0.00%	100%
647	Pulmonary/URD	99	0	2	0.00%	100%
648	Internal Medicine	100	0	7	0.00%	100%
649	Cardiology	100	0	2	0.00%	100%
650	Internal Medicine	102	0	0	#DIV/0!	100%
651	Cardio/Thoracic Surg	104	0	4	0.00%	100%
652	Cardiology	106	0	3	0.00%	100%
653	Coronary Care Unit	106	0	0	#DIV/0!	100%
654	Surgical ICU	107	0	0	#DIV/0!	100%
655	Cardio/Thoracic Surg	108	0	7	0.00%	100%
656	Surgical ICU	110	0	1	0.00%	100%
657	Surgical ICU	111	0	0	#DIV/0!	100%
658	Urology	111	0	0	#DIV/0!	100%
659	Internal Medicine	112	0	1	0.00%	100%
660	Internal Medicine	113	0	1	0.00%	100%
661	Medical ICU	113	0	0	#DIV/0!	100%
662	General Surgery	113	0	1	0.00%	100%
663	FP Surgery	113	0	0	#DIV/0!	100%
664	Cardiology	115	0	0	#DIV/0!	100%
665	Cardiology	117	0	1	0.00%	100%
666	Peripheral Vas Surg	119	0	18	0.00%	100%
667	Cardio/Thoracic Surg	120	0	0	#DIV/0!	100%
668	Medical ICU	122	0	0	#DIV/0!	100%
669	Cardio/Thoracic Surg	122	0	0	#DIV/0!	100%
670	FP Medicine	122	0	0	#DIV/0!	100%
671	Medical ICU	123	0	0	#DIV/0!	100%
672	FP Medicine	123	0	0	#DIV/0!	100%
673	General Surgery	124	0	0	#DIV/0!	100%
674	Nephrology	127	0	1	0.00%	100%
675	FP Medicine	127	0	0	#DIV/0!	100%
676	Oncology	128	0	0	#DIV/0!	100%
677	Surgical ICU	130	0	0	#DIV/0!	100%
678	FP Medicine	131	0	2	0.00%	100%
679	Cardio/Thoracic Surg	132	0	0	#DIV/0!	100%
680	Internal Medicine	133	0	0	#DIV/0!	100%
681	Coronary Care Unit	133	0	1	0.00%	100%
682	Cardiology	134	0	1	0.00%	100%
683	General Surgery	134	0	0	#DIV/0!	100%
684	Otorhinolaryngology	134	0	0	#DIV/0!	100%
685	Cardiology	136	0	4	0.00%	100%
686	FP Medicine	139	0	4	0.00%	100%
687	Nephrology	141	0	0	#DIV/0!	100%
688	Cardiology	142	0	0	#DIV/0!	100%
689	FP Medicine	142	0	2	0.00%	100%
690	Gastroenterology	143	0	1	0.00%	100%
691	Cardio/Thoracic Surg	143	0	0	#DIV/0!	100%
692	Peripheral Vas Surg	143	0	0	#DIV/0!	100%
693	Medical ICU	144	0	2	0.00%	100%
694	Surgical ICU	144	0	0	#DIV/0!	100%
695	Orthopedics	149	0	0	#DIV/0!	100%
696	General Surgery	151	0	7	0.00%	100%
697	Internal Medicine	152	0	0	#DIV/0!	100%
698	Cardiology	154	0	0	#DIV/0!	100%
699	Surgical ICU	154	0	0	#DIV/0!	100%
700	General Surgery	159	0	3	0.00%	100%
701	Peripheral Vas Surg	162	0	0	#DIV/0!	100%
702	Oral Surgery	169	0	7	0.00%	100%
703	Gastroenterology	170	0	0	#DIV/0!	100%
704	Gynecology	172	0	0	#DIV/0!	100%
705	Medical ICU	174	0	0	#DIV/0!	100%
706	FP Medicine	175	0	3	0.00%	100%
707	Cardiology	178	0	0	#DIV/0!	100%
708	General Surgery	178	0	4	0.00%	100%
709	Cardiology	182	0	1	0.00%	100%
710	Oncology	182	0	0	#DIV/0!	100%
711	Peripheral Vas Surg	182	0	0	#DIV/0!	100%
712	Psychiatry	182	0	0	#DIV/0!	100%
713	Coronary Care Unit	183	0	0	#DIV/0!	100%
714	Gynecology	183	0	8	0.00%	100%

715	FP Medicine	183	0	8	0.00%	100%
716	Oral Surgery	185	0	10	0.00%	100%
717	General Surgery	188	0	2	0.00%	100%
718	Internal Medicine	189	0	0	#DIV/0!	100%
719	General Surgery	189	0	18	0.00%	100%
720	General Surgery	192	0	1	0.00%	100%
721	Internal Medicine	200	0	0	#DIV/0!	100%
722	Internal Medicine	203	0	0	#DIV/0!	100%
723	Cardiology	203	0	0	#DIV/0!	100%
724	General Surgery	203	0	3	0.00%	100%
725	Gastroenterology	204	0	6	0.00%	100%
726	Surgical ICU	204	0	0	#DIV/0!	100%
727	FP Medicine	204	0	5	0.00%	100%
728	Internal Medicine	210	0	0	#DIV/0!	100%
729	Rheumatology	217	0	0	#DIV/0!	100%
730	Infectious Disease	217	0	0	#DIV/0!	100%
731	Orthopedics	217	0	35	0.00%	100%
732	Orthopedics	228	0	9	0.00%	100%
733	Orthopedics	230	0	11	0.00%	100%
734	Internal Medicine	233	0	0	#DIV/0!	100%
735	Coronary Care Unit	236	0	0	#DIV/0!	100%
736	Internal Medicine	238	0	1	0.00%	100%
737	Hematology	239	0	0	#DIV/0!	100%
738	Oncology	239	0	2	0.00%	100%
739	Neurosurgery	239	0	0	#DIV/0!	100%
740	FP Orthopedics	239	0	0	#DIV/0!	100%
741	Cardiology	241	0	0	#DIV/0!	100%
742	Rheumatology	241	0	1	0.00%	100%
743	Oncology	243	0	0	#DIV/0!	100%
744	General Surgery	243	0	5	0.00%	100%
745	Neurosurgery	243	0	23	0.00%	100%
746	Psychiatry	244	0	0	#DIV/0!	100%
747	Internal Medicine	245	0	0	#DIV/0!	100%
748	Orthopedics	246	0	0	#DIV/0!	100%
749	Internal Medicine	247	0	0	#DIV/0!	100%
750	General Surgery	247	0	0	#DIV/0!	100%
751	General Surgery	248	0	1	0.00%	100%
752	Orthopedics	253	0	1	0.00%	100%
753	Internal Medicine	254	0	1	0.00%	100%
754	Internal Medicine	256	0	1	0.00%	100%
755	FP Medicine	256	0	0	#DIV/0!	100%
756	Surgical ICU	259	0	0	#DIV/0!	100%
757	Peripheral Vas Surg	263	0	0	#DIV/0!	100%
758	Otorhinolaryngology	265	0	0	#DIV/0!	100%
759	Plastic Surgery	265	0	3	0.00%	100%
760	Gynecology	265	0	0	#DIV/0!	100%
761	Plastic Surgery	266	0	17	0.00%	100%
762	Internal Medicine	269	0	0	#DIV/0!	100%
763	General Surgery	269	0	0	#DIV/0!	100%
764	Peripheral Vas Surg	269	0	0	#DIV/0!	100%
765	Oral Surgery	270	0	1	0.00%	100%
766	Plastic Surgery	270	0	12	0.00%	100%
767	Internal Medicine	273	0	0	#DIV/0!	100%
768	General Surgery	275	0	7	0.00%	100%
769	Peripheral Vas Surg	278	0	0	#DIV/0!	100%
770	Orthopedics	278	0	12	0.00%	100%
771	FP Medicine	278	0	17	0.00%	100%
772	FP Surgery	278	0	2	0.00%	100%
773	Internal Medicine	280	0	2	0.00%	100%
774	Orthopedics	281	0	6	0.00%	100%
775	Orthopedics	283	0	0	#DIV/0!	100%
776	Coronary Care Unit	285	0	0	#DIV/0!	100%
777	Neurosurgery	286	0	5	0.00%	100%
778	Otorhinolaryngology	291	0	6	0.00%	100%
779	General Surgery	294	0	0	#DIV/0!	100%
780	FP Medicine	294	0	2	0.00%	100%
781	Cardiology	296	0	1	0.00%	100%
782	Oncology	296	0	0	#DIV/0!	100%
783	General Surgery	296	0	1	0.00%	100%
784	FP Medicine	296	0	1	0.00%	100%
785	Medical ICU	297	0	0	#DIV/0!	100%
786	Internal Medicine	300	0	7	0.00%	100%
787	Internal Medicine	304	0	1	0.00%	100%
788	General Surgery	308	0	0	#DIV/0!	100%
789	Urology	310	0	4	0.00%	100%
790	Urology	313	0	7	0.00%	100%
791	Cardiology	316	0	1	0.00%	100%
792	Gastroenterology	320	0	0	#DIV/0!	100%
793	Nephrology	320	0	1	0.00%	100%
794	General Surgery	321	0	0	#DIV/0!	100%
795	General Surgery	323	0	2	0.00%	100%
796	Medical ICU	331	0	1	0.00%	100%
797	Peripheral Vas Surg	331	0	0	#DIV/0!	100%
798	Internal Medicine	346	0	1	0.00%	100%
799	Oncology	346	0	2	0.00%	100%
800	Urology	346	0	1	0.00%	100%
801	Gynecology	353	0	10	0.00%	100%
802	Gynecology	354	0	4	0.00%	100%
803	Gynecology	355	0	8	0.00%	100%
804	Urology	356	0	3	0.00%	100%
805	Podiatry	360	0	0	#DIV/0!	100%
806	Urology	365	0	2	0.00%	100%
807	Gynecology	366	0	3	0.00%	100%
808	General Surgery	394	0	7	0.00%	100%
809	Cardiology	395	0	1	0.00%	100%
810	Oncology	395	0	3	0.00%	100%
811	FP Medicine	395	0	1	0.00%	100%
812	Urology	400	0	0	#DIV/0!	100%
813	General Surgery	402	0	2	0.00%	100%
814	Cardiology	403	0	0	#DIV/0!	100%
815	Hematology	403	0	1	0.00%	100%
816	Oncology	403	0	6	0.00%	100%
817	Plastic Surgery	408	0	0	#DIV/0!	100%

818	Internal Medicine	413	0	3	0.00%	100%
819	Otorhinolaryngology	413	0	0	#DIV/0!	100%
820	Internal Medicine	414	0	0	#DIV/0!	100%
821	FP Medicine	416	0	0	#DIV/0!	100%
822	Neurosurgery	418	0	1	0.00%	100%
823	Otorhinolaryngology	418	0	1	0.00%	100%
824	Oncology	419	0	1	0.00%	100%
825	Cardio/Thoracic Surg	419	0	0	#DIV/0!	100%
826	Cardiology	421	0	0	#DIV/0!	100%
827	Internal Medicine	425	0	4	0.00%	100%
828	Internal Medicine	426	0	0	#DIV/0!	100%
829	Cardiology	432	0	0	#DIV/0!	100%
830	Cardio/Thoracic Surg	440	0	0	#DIV/0!	100%
831	Peripheral Vas Surg	442	0	1	0.00%	100%
832	Otorhinolaryngology	443	0	4	0.00%	100%
833	Internal Medicine	444	0	0	#DIV/0!	100%
834	Medical ICU	447	0	0	#DIV/0!	100%
835	Cardiology	449	0	0	#DIV/0!	100%
836	Gastroenterology	452	0	0	#DIV/0!	100%
837	Peripheral Vas Surg	453	0	0	#DIV/0!	100%
838	Cardiology	463	0	0	#DIV/0!	100%
839	Orthopedics	463	0	0	#DIV/0!	100%
840	Gastroenterology	464	0	4	0.00%	100%
841	Cardiology	466	0	0	#DIV/0!	100%
842	Nephrology	467	0	1	0.00%	100%
843	Cardio/Thoracic Surg	467	0	1	0.00%	100%
844	Urology	467	0	2	0.00%	100%
845	Internal Medicine	468	0	4	0.00%	100%
846	Otorhinolaryngology	468	0	31	0.00%	100%
847	Orthopedics	468	0	13	0.00%	100%
848	General Surgery	473	0	0	#DIV/0!	100%
849	Cardiology	476	0	0	#DIV/0!	100%
850	Urology	476	0	0	#DIV/0!	100%
851	Internal Medicine	477	0	1	0.00%	100%
852	Ophthalmology	477	0	4	0.00%	100%
853	Otorhinolaryngology	477	0	23	0.00%	100%
854	Psychiatry	477	0	0	#DIV/0!	100%
855	Internal Medicine	482	0	0	#DIV/0!	100%
856	Oncology	482	0	0	#DIV/0!	100%
857	Surgical Step Down Unit	483	0	0	#DIV/0!	100%
858	Urology	493	0	0	#DIV/0!	100%
859	Oncology	123	0	1	0.00%	100%
860	Coronary Care Unit	188	0	1	0.00%	100%
	TOTAL		**1770**	**9544**	18.55%	

Source: Standard Inpatient Data Record

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